

The Juristic Status of Classical Psychedelics

A Reclassification and Exception Analysis — Working Draft v0.3

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Executive Summary

Here’s where this paper ends up, so you know the destination before you go through the argument. This isn’t a substitute for the argument — it’s a map. Several of these conclusions only survived because they were tested, failed in an earlier form, got corrected under challenge, or came close to losing to a counter-argument. That process is the actual case for what follows, not this summary. Read the argument if you want to know whether these conclusions hold, not just what they are.

The question is not: does the substance alter consciousness? It is: what does it alter, how does it alter it, what accompanies the alteration, and how consistently does that effect occur?

Classical psychedelics — mainly psilocybin and 5-MeO-DMT — don’t meet the classical criteria for *muskir*, the ḥadd-bearing, absolutely-prohibited category that governs khamr. That’s the central finding. It’s reached through every diagnostic route classical jurisprudence supplies for establishing clouding of the intellect, tested independently — *nashwa* for *muskir*, sensory disappearance for *murqid*, *futūr* and *khudrah* for *mukhaddir* — and each returns the same result. It survives the claim that the substance itself is prohibited — Part III’s classification finding holds at every dose tier for psilocybin, ayahuasca, and standard DMT, including full ego dissolution, the tier spiritual use actually depends on. **For 5-MeO-DMT specifically, this question remains genuinely open, and the paper says so rather than smoothing over it.**

Medical use stands on solid, triply-grounded footing: the classification finding itself, which means no dispensation is even needed since no restriction attaches to lift; the independent doctrine of *ḍarūra/hāja*, which would hold up the case even if the classification finding were later overturned; and the *mufsid* finding, tested and not established, closing off the separate harm-based objection. For treatment-resistant

depression, PTSD, and similar conditions where conventional treatment has failed: supervised, purpose-limited, clinically-administered use is defensible on established Islamic legal principle, on the same ground as surgical anaesthesia.

Spiritual use is a harder case, stated precisely rather than rounded up. It survives Objection A (the substance is prohibited) on the same classification finding. It survives Objection B (the method is illegitimate) on the precedent of *samā'* and the Prophet's own *i'tikāf* and retreat at Ḥirā' — two distinct precedents doing two distinct jobs, not one argument repeated. It survives Objection C (communal harm), bounded rather than defeated, now with a concrete mechanism supplying what earlier drafts left unaddressed.

What it does not yet have is what the medical application has three times over: an independent fallback that would survive a successful challenge to the classification finding. That is the real, narrower asymmetry this paper finds.

Neither application is unrestricted. Both stay bounded by supervision, diagnosis or defined spiritual purpose, and a hard line against unsupervised or recreational use — grounded not in *ta'zīr* attached to a surviving classification, since no such classification survives, but in the *maqāsid*-based authority to regulate harm and a *samā'*-type conditional structure that applies regardless of classification.

A few further points stay open regardless of anything above: the precise status of *nashwa* as legal cause versus descriptive marker; how adequate supervision actually is under present, largely unregulated conditions. A distinction sometimes attributed to al-Ghazālī's own treatment of substances in the *Iḥyā'* turns out on inspection to be al-Qarāfī's, cited accordingly. Islamic-specific data on devotional practice following use remains thin, though the Emory MOSAIC initiative and a smaller, self-selected effort at psychedelicsandislam.com are both beginning to close that gap.

The body of the paper works through the reasoning behind each finding so a reader can judge not just what this paper concludes but how much weight each conclusion can actually carry. §0 starts the argument at its most exposed point: not the strongest evidence, but the one objection capable of unmaking everything after it, answered before anything has been built for it to knock down.

Part I — Framing

§0. The Question That Has to Be Answered First

Every finding in Parts III and IV depends on how one prior question gets answered.

There are two possible answers. The first is categorical. A substance is prohibited because it satisfies identifiable criteria developed in the juristic tradition: *nashwa*, sensory involvement, uniformity of effect, the perceptual test of Abū Ḥanīfa and Ibn 'Abd al-Barr — extended by *qiyās* from *khamr*, the named case, to substances the primary texts never mention. The second is purposive. The Lawgiver didn't intend to prohibit a family resemblance of wine-like symptoms. He intended to protect *'aql* from deliberate interference undertaken to reach a state you wouldn't reach otherwise. On

this reading it doesn't matter whether a substance fits Qarāfī's boxes. The question is just: does this substance veil the intellect, in order to reach a state the intellect wouldn't otherwise reach?

Here's the problem with the purposive form stated at that strength: it proves too much. Take *i'tikāf*, and the Prophet's own pre-revelation retreat at Hīrā'. Both are deliberate withdrawals from ordinary sensory engagement, undertaken specifically to reach a state — nearness to Allah, receptivity to revelation — that ordinary waking consciousness doesn't reach on its own. Take *samā'*: on Ghazālī's own defence it deliberately uses an external stimulus to occasion *wajd*, a state in which the sober operation of *'aql* is, by the classical Sufi sources' own account, temporarily set aside. A purposive test broad enough to catch classical psychedelics on "intentional alteration in pursuit of a non-natural epistemic state" alone catches these too — and the tradition's own practice refutes it at that level of generality.

Which means: to survive contact with the tradition it claims to represent, the purposive objection can't stay this general. It has to specify. The moment someone tries that specification — is it mechanism that matters, or purpose; does *nashwa* matter, or only *taghṭiyat al-'aql* on its own — the inquiry has become classificatory. The purposive and categorical forms aren't two rival methods answering the same question. The purposive form, made rigorous enough to function as law, is a demand for the categorical form to be done more carefully.

There is a narrower version of the purposive objection that cannot be dismissed so easily: that *i'tikāf* and *samā'* are legitimate because the altered state is subordinate to an otherwise licit practice, while psychedelic use seeks the altered state as its own end. That is the sharper form of the objection, and it deserves a direct answer rather than a concession. The claimed structure of psychedelic use, as this paper develops it (§22), is not pursuit of the altered state for its own sake but the same subordinating relationship *samā'* has to *wajd*: the state facilitates an open, receptive condition for worship, not a self-standing goal. Whether that claimed structure holds is not settled by asserting it here — it turns on *samā'*'s own internal logic, and it's argued at §22, not resolved by fiat in this section.

The important point here is narrower: the purposive principle cannot replace classification unless it can identify, with sufficient precision, what kind of alteration is prohibited and why. Until then, classification is not an evasion of the underlying purpose of the prohibition. It is the means by which that purpose becomes legally operative.

§1. The Question

This paper asks something narrower and more disciplined than "are psychedelics permissible in Islam." It asks: what do the established principles of Islamic jurisprudence yield when applied, rigorously and without a predetermined conclusion, to classical psychedelics — considered separately for medical and spiritual use?

That's two distinct operations, applied to each use-case in turn. The first is classification (*tahqīq al-manāṭ*): does the 'illa behind the khamr prohibition actually obtain here? Classification has three possible outcomes, not two, and the paper treats them

as genuinely distinct rather than collapsing the second and third together. The substance may fall under *muskir*, in which case the inquiry ends there — the *ḥadd*-bearing prohibition applies without exception, and no dispensation reaches it. It may instead fall under *mukhaddir* or *murqid* — clouding without *nashwa*, or the senses genuinely absent — in which case a real but lesser restriction applies: *ṭāhir*, no *ḥadd*, but *taʿzīr*-liable at the dose producing the effect, in principle liftable by dispensation. Or it may satisfy none of the four classical categories at all — not *muskir*, not *mukhaddir*, not *murqid*, not *mufsid* — in which case there is no *taʿzīr* basis to lift, because there is nothing in the classical taxonomy for a restriction to attach to, and the relevant question becomes a different one entirely: not which exception applies, but whether the use carries a risk that Islamic law would regulate on *ḥifẓ al-nafs* or *ḥifẓ al-ʿaql* grounds independent of *muskir*-family classification altogether. Part III works through all three outcomes, dose tier by dose tier, rather than assuming in advance which one obtains.

The question is not: does the substance alter consciousness? It is: what does it alter, how does it alter it, what accompanies the alteration, and how consistently does that effect occur?

“Every *muskir* is khamr, and every khamr is forbidden” does not settle this by itself. It states the ruling. It does not state that everything which alters consciousness is *muskir* — that is the very question the taxonomy in Part III exists to test.

One tier deserves a preliminary word here, because it’s the least contested of the three: at genuinely sub-perceptual doses — the microdosing range, where blinded trials find no reliably distinguishable effect from placebo — none of the four classical categories is triggered by any test this paper applies, and this finding meets no serious counter-argument in the sources surveyed. Where the evidence points at higher, clinically and experientially relevant doses is worked out in full at §§13-16, and isn’t anticipated here.

The second operation is dispensation: granting that a substance falls under a prohibitive category, does any recognised exception — *ḍarūra*, *ḥāja*, *tadāwī* — lift the restriction for a particular use? Unlike classification, dispensation is purpose-sensitive by definition. This operation only applies to the *mukhaddir/murqid* outcome above — where a category exists and carries a liability to lift. It has no work to do where the substance is *muskir*, and no work to do where it fits none of the four categories, since in the second case nothing is liftable, and in the third nothing needs lifting.

The paper works through the case law and jurisprudential principle (Parts II-III) before applying the results, separately, to the medical case and the spiritual case (Part IV). Where the two applications converge and diverge isn’t stipulated in advance — that’s the outcome of the analysis. Treat any anticipation of the outcome before then as provisional.

§2. Method and Limits

The operative method throughout is *taḥqīq al-manāṭ*: accept the *naṣṣ*, accept the ruling it establishes, and accept the *ʿilla* the jurists derived from it. The question is then whether a new substance actually instantiates that *ʿilla*.

Al-Shāṭibī gives the clearest classical statement of this method, and uses khamr itself as his example. Confronted with a particular substance, the jurist does not ask whether a new ruling is needed — he asks whether the substance possesses the *manāṭ*, the legally operative characteristic, that the existing ruling already turns on: “if the *mukallaf* undertakes to consume something purported to be khamr, for example, he is asked: is this khamr or not? — for it is necessary to examine whether it is khamr or not” (*fa-idhā shara’a al-mukallaf fī tanāwuli al-khamri mathalan qīla lahu: a-hādhā khamrun am lā? fa-lā budda li’l-naẓari fī kawnihi khamran aw ghayra khamr*). The ruling itself is not in question; what remains is verifying whether it applies to the particular case: “the ruling is established by its Shar’ī basis, but investigation remains as to identifying its particular application” (*an yathbuta al-ḥukmu bi-mudrikihi al-shar’ī lākin yabqā al-naẓaru fī ta’yīni maḥallih*) (al-Shāṭibī, *al-Muwāfaqāt*, vol. IV, discussion of *taḥqīq al-manāṭ* and its examples). This paper’s method throughout is exactly this operation, run on the four substances it considers.

This is among the least controversial moves in *uṣūl al-fiqh*. It is recognised in some form across the schools, including by the *Ẓāhirīs*, who reject *qiyās* generally but still require the *manāṭ* of a text-based ruling to be established before applying that ruling to a new case.

The method therefore does not reopen questions that are already settled.

First, the prohibition of khamr itself is not at issue. It is established by definitive *naṣṣ* and lies outside the scope of this inquiry.

Second, *kashf* is not being treated as *ḥujja*. Mystical unveiling is not a source of legal evidence, either for the person who experiences it or for anyone else. Ibn ‘Arabī, whose framework might otherwise appear to permit such an approach, is explicit that the measure by which an unveiling is judged is its conformity to the Book and the Sunna. An unveiling that contradicts an established ruling is delusion, not knowledge. Nothing in the argument therefore depends upon mystical experience having evidentiary authority.

Third, modern harm data is not being used as an independent ground of permission. Addiction potential, overdose risk and comparative toxicology may support conclusions already reached through the classical taxonomy, but they cannot by themselves displace the ruling on khamr. As established in §4, that ruling is not grounded simply in a general principle of harm. Harm-reduction arguments therefore cannot independently overturn it.

Fourth, the empirical evidence in Part III must be understood as evidence about legal effect, not as a new source of legal categories. For determining the empirical state produced by a substance, the jurist’s evidentiary access is necessarily limited to its phenomenological and behavioural effects. The classical jurists did not classify substances by pharmacological mechanism. They classified them by their effects on the faculties relevant to law: whether *tamyīz* remains intact, whether *taklīf* remains operative, and whether the resulting state exhibits *nashwa*, *futūr*, or the absence of the senses that al-Qarāfī’s *murqīd* criterion names.

Neuroimaging and behavioural evidence therefore do not establish a ruling simply because a substance is pharmacologically different from alcohol. They become rele-

vant only insofar as they answer a classical legal question: is *tamyīz* intact? Is the state characterised by *nashwa*? Do the senses — al-Qarāfī's criterion is conjunctive across all five — remain, even partially, online?

Behavioural and interactive evidence is the more direct evidence for this last question, where it can be obtained: does the person respond to speech, register touch, react to an unexpected stimulus. Where such evidence exists, it is used in preference to neuroimaging, because it speaks to the legal question — are the senses functioning — without needing a further inferential step. For one substance considered in this paper, 5-MeO-DMT, that evidence largely cannot be obtained. Its characteristic peak state is brief, often seconds to minutes, and sufficiently destabilising that interrupting it with a stimulus-response protocol would itself be a harm imposed on the participant for the researcher's benefit rather than their own. Neuroimaging, gathered passively before onset, is in this case not a second-best proxy chosen for convenience but close to the only evidence ethically obtainable at that specific intensity. It is treated accordingly: relevant to the same legal question — are the senses absent — but read with the acknowledgment that a connectivity or oscillatory signature answers that question only through an inferential bridge from neural pattern to functional capacity, a bridge behavioural evidence does not need.

The same applies to first-person testimony. It is evidence about the experienced state, but not authoritative evidence of its ultimate nature or legal value. In this respect it is analogous to the behavioural indicators used by the classical jurists themselves, such as gait and coherence of speech: admissible evidence, but not conclusive testimony about the underlying state.

The method is therefore neither to replace the classical categories with modern neuroscience nor to ignore modern evidence in favour of subjective report. It is to use whichever empirical evidence is actually available and ethically obtainable to determine whether the new substance instantiates the legal '*illa* already recognised by the tradition — behavioural where it can be had, neuroimaging where it cannot, each held to its own evidentiary limits.

§3. Concessions

What follows is conceded in full, tested against the strongest available counter-argument and found not to survive:

The *ḥadd* attaches to the act of drinking, not the resulting state — a person who drinks and, by constitution, experiences no intoxication is still liable. A single drop of *khamr* is prohibited by consensus regardless of dose or effect. Q4:43 is superseded by Q5:90's final, unconditional prohibition and cannot be cited as evidence the ruling only targets prayer-time impairment. *Ṣalāt* cannot be performed during the acute window of ego dissolution or a mystical-type experience, conceded as fact for both applications. *Sukr al-tawḥīd* is defined by its source — *tajallī*, divine self-disclosure occasioned by lawful worship — not phenomenology alone, and Junayd's position that *ṣaḥw* ranks above *sukr* is the dominant position in the school, not a minority caution; al-Bisṭāmī and al-Ḥallāj come down through the tradition as cautionary and exceptional, not as models to imitate. *Bid'ah ḥasana* plays no role anywhere in this paper, as invoking it would presuppose the conclusion in dispute.

The Founding Statement

I. Prohibition — the root texts

The relevant sequence of primary texts is worth stating in full before any classificatory apparatus is introduced, so that the taxonomy developed in Part III is shown growing out of this textual moment rather than imposed on it from outside.

1. **Q 5:90-91** — the operative verse, self-stating its own *'illa* (worked in full at §12): “Satan only wants to cast among you enmity and hatred through khamr and maysir, and to avert you from the remembrance of Allah and from prayer.” This is the ground the whole taxonomy stands on.
2. **Q 4:43** — the middle stage of *tadarruj*, “do not approach prayer while you are intoxicated” — establishes the earlier, narrower framing later superseded by 5:90-91.
3. **Ḥadīth (Ṣaḥīḥ Muslim 3733)** — “every intoxicant is khamr, and every khamr is prohibited. Whoever drinks khamr in this world and dies addicted to it without repenting will not drink it in the Hereafter.” The second category named alongside *muskir* — the textual seed of the whole *muskir/mukhaddir* split that Part III builds on.
4. **Ḥadīth (Abū Dāwūd, from Umm Salama)** — “the Messenger of Allah forbade every *muskir* and every *mufattir*.” *Mufattir*, from *futūr*, lethargy or languor: the textual root of what the later juristic taxonomy develops as *mukhaddir*, named here by its characteristic effect rather than by category.

II. Dispensation — the counter-current, held in tension rather than resolved here

5. **Q 2:173** — the *ḍarūra* clause: “whoever is compelled, neither desiring nor exceeding necessity, no sin is upon him.” The general mechanism every later exception, medical or otherwise, ultimately traces back to.
6. **Ḥadīth (Muslim 1948; Tirmidhī 2046; Abū Dāwūd 3869)** — Ṭāriq b. Suwayd, khamr specifically refused as medicine: “*innahā laysat bi-dawā', wa-lākinnahā dā'*” — “it is not a remedy, it is a disease.” A second report, paired with it: “Allah has not placed your cure in that which He has forbidden you.” The named counter-case — the one text that directly blocks treating the archetypal intoxicant as medicine.
7. **The resolution, cross-school** — Ibn Farḥūn (Mālikī, *Tabṣirat al-Ḥukkām* 2:169-170), al-Nawawī (Shāfi'ī, *Rawḍat al-Ṭālibīn* 10:171), al-Mardāwī (Ḥanbalī, *al-Inṣāf* 8:438): the amputation case named directly, banj's harm judged *ma'mūn* (bounded) against the limb's *ghayr ma'mūn* (unbounded) harm, treatment classed as *ḥāja* in its own right.

III. The taxonomy — where the four categories are actually rooted

8. **Al-Qarāfi, al-Furūq 1:215-218** — the primary formulation: *muskir/mukhaddir/murqid/mufsid* distinguished by *nashwa*, sensory involvement, and uniformity of effect.
9. **Independent attestation — al-Shahīd al-Awwal, al-Qawā'id wa-l-Fawā'id, p.73** — the same three-way *murqid/muskir/mufsid* distinction, explicitly citing

back to *al-Furūq* 1:205, preserved in a separate work by a different jurist — the second, independent line of transmission that answers the “resting on one jurist” objection at its root.

10. **Cross-school corroboration on *mukhaddir/murqid*:** al-Zarqānī, ‘Ulaysh, Ibn Ḥamdūn (Mālikī); al-Nawawī, Ibn Ḥajar al-‘Asqalānī, al-Ramlī, Ibn Ḥajar al-Haythamī (Shāfi‘ī); Ibn Qudāmah, Ibn Taymiyya (Ḥanbalī).
11. **Al-Sarakhsī, *al-Mabsūṭ* 24:2-39** — the dose-threshold principle rooted in a fifth school, Ḥanafī, independently of al-Qarāfī.

Part II — The Corpus of Prohibitions and Exceptions

Before applying any of this to psychedelics specifically, it’s worth surveying how the tradition has handled prohibition-with-exception more generally — across food law, ritual law, dress, medicine, and the closest historical analogue, newly-encountered psychoactive substances.

§4. Prohibition by Text, Exception by Text

Q2:173, Q5:3, and Q6:145 name carrion, blood, swine, and what is dedicated to other than Allah as prohibited, immediately followed in each case by the *ḍarūra* exception. Three conditions govern it: genuine compulsion, not consumption for its own sake, and not exceeding the extent necessity requires. *Tayammum*, and the fasting/*qaḍā’* exception for illness or travel, operate as parallel mechanisms — the underlying obligation is not annulled, but its performance is suspended or substituted under defined, textually-anchored conditions until the incapacitating circumstance passes.

§5. Prohibition by Text, Exception by Prophetic Dispensation

The silk exemption for ‘Abd al-Raḥmān b. ‘Awf and al-Zubayr b. al-‘Awwām, granted on account of a skin complaint, establishes that a categorical, textually-grounded prohibition can be exempted for a specific, non-life-threatening medical condition — the Prophet’s own dispensation, not derived from a general principle stated independently in the text. The ‘Uraniyyīn report is discussed as contested precedent, given genuine scholarly disagreement over its correct legal reading. Gold and silver dental repair stands as a settled, largely uncontroversial medical exception within the same general category.

§6. The Counter-Case: Khamr Is Not Medicine

Any argument for a medical exception has to confront the strongest text against it.

Wā’il al-Ḥaḍramī reports from his father that Ṭāriq b. Suwayd asked the Prophet ﷺ about khamr. When he was refused, he pressed the point: “I only make it for medicine.” The Prophet ﷺ replied: *innahā laysat bi-dawā’, wa-lākinnahā dā’* — “It is not a remedy; it is a disease.” The report appears in Ṣaḥīḥ Muslim (1948), and also in al-Tirmidhī (2046) and Abū Dāwūd (3869). A second report expresses the

same principle more generally: “Allah has not placed your cure in that which He has forbidden you.”

On its face, this is a direct prohibition of using khamr medicinally. The difficulty is whether the ruling is specific to khamr, or establishes a general rule that no prohibited substance may ever be used therapeutically.

There are four reasons to resist the broader reading.

First, the report names khamr. It does not state that every prohibited substance is excluded from medical use in every circumstance — consistent with the specific exceptions already established at §5.

Second, the broader reading sits uneasily with the established use of otherwise-prohibited substances in medicine. As discussed in §7, the Mālikī, Shāfi‘ī and Ḥanbalī schools explicitly permit surgical anaesthesia using substances that would be prohibited outside the medical context.

Third, both the Ḥanafī and Shāfi‘ī traditions recognise circumstances in which an otherwise-prohibited substance may be used when no lawful alternative exists and a qualified physician considers it necessary. On this reading, the report of Ṭāriq b. Suwayd addresses the ordinary case: khamr proposed as a remedy where lawful treatment is available.

A fourth and narrower point needs stating separately, because it doesn’t rest on any of the three above and reaches further than they do. The jurists who discuss *ḍarūra* generally treat life-or-limb necessity as a distinct legal question from *tadāwī*, ordinary medicinal treatment. Q2:173’s compulsion clause was given for exactly this narrower case, and its logic isn’t confined to food law. Where death or the loss of a limb is the genuine alternative, several jurists hold that even khamr itself falls within *ḍarūra*’s reach — a dying man given nothing else to drink is not the case Ṭāriq b. Suwayd’s hadith was answering. His question was whether khamr could serve as a general-purpose remedy. “It is not a remedy, it is a disease” answers that question, and answers it completely. It does not address a second, narrower question the hadith was never asked. This question belongs to *ḍarūra*’s own logic, not to the medicinal-use tradition point three describes, and it stays open here, because nothing in this paper’s argument depends on resolving it — the substances Part III actually classifies are not khamr.

None of these arguments removes the tension completely. The relevant question is whether the conditions that justify an exception are actually present: a genuine medical need, the absence of a lawful alternative, and a reliable determination of necessity.

The medical exception is consequently strongest where the substance is not khamr itself, its prohibition depends on a derived legal classification, and its use is confined by genuine necessity and the absence of a lawful alternative. That does not eliminate the textual difficulty, but it substantially changes the question being asked.

§7. Prohibition Established by Practice, Exception Established by Practice

Not every prohibition begins with an explicit text. Some are established through juristic reasoning from the general prohibition of harm to the body or intellect.

Surgical anaesthesia — *banj*, *raqīq*, and related soporifics — is discussed extensively without significant controversy over its permissibility. Ibn Taymiyya, elsewhere among the strictest jurists in this survey, nevertheless states repeatedly in *Majmū' al-Fatāwā* (14/117, 33/104, 34/198) and *al-Fatāwā al-Kubrā* (3/423) that *banj* is not an intoxicant. His distinction is precise: intoxicants remove the senses through pleasure (*ladhdha*), producing the euphoric state characteristic of *sukr*; anaesthesia removes the senses without that pleasure — “everything that takes away one’s senses is *ḥarām*, even if it does not result in drunkenness or intoxication... regarding using *banj* which does not cause intoxication or take away reason, this is subject to a *taʿzīr* punishment.”

The precedent therefore establishes something important: the abolition of ordinary awareness is not, in itself, the defining feature of prohibited intoxication. The legal question remains what kind of state is produced and by what mechanism.

That question — what kind of state, by what mechanism — is not one the classical jurists could answer beyond the reach of behavioural observation, and this paper doesn’t pretend otherwise. But it is now, in part, an empirical question, and it’s worth flagging here what Part III will return to in full: the surface resemblance between anaesthesia and the deepest tier of psychedelic experience is closer than a first look suggests, and the divergence between them, where it exists, doesn’t show up in the way intuition would expect. Both states can involve amplified slow-wave activity of a kind classically associated with reduced consciousness. Recent neuroimaging of 5-MeO-DMT at high dose finds exactly this signature — and finds, at the same time, that the underlying organisation of that activity is structurally unlike anaesthesia’s, occurring in subjects who remain, on the researchers’ own account, “awake and aware.” Anaesthesia itself turns out not to be the uniform blank the term suggests: a body of ongoing anaesthesiology research distinguishes true unconsciousness from disconnected consciousness — vivid internal content occurring while the subject is behaviourally unresponsive to the outside world. None of this resolves anything here. It is introduced now because Ibn Taymiyya’s mechanism-based question — not how much awareness is lost, but how and why — turns out to be exactly the question the neuroscience is equipped to speak to, imperfectly and only in part, and Part III (§§13–16) takes up that evidence in full.

The amputation case, by name, across three schools. Ibn Farḥūn (Mālikī, *Tabṣirat al-Ḥukkām* 2:169–170) states directly: “the apparent ruling is the permissibility of consuming what is used for numbing purposes, such as for amputation of a limb and similar cases, because the harm of numbing substances is secure (*maʾmūn*), while the harm to the limb is not secure (*ghayr maʾmūn*).” Al-Nawawī (Shāfiʿī, *Rawḍat al-Ṭālibīn* 10:171), asked directly whether removing a decayed hand while the intellect is absent is permissible, states plainly: “the correct opinion is permissibility.” Al-Mardāwī (Ḥanbalī, *al-Inṣāf* 8:438) gives the clearest general principle: loss of intellect through treatment makes the person *maʾdhūr* (excused), and states outright

that “*al-tadāwī ḥāja*” — medical treatment is considered a necessity. This is not the paper’s own illustration of a general rule; it is the tradition’s own paradigm case, named by three schools independently, without recorded dispute among them.

Missed prayer during anaesthesia is handled by the same suspension/*qaḍā’* distinction from §4. The general principle: voluntary, purpose-justified incapacity that causes a missed obligation doesn’t by itself invalidate the underlying act. At most it generates a compensable debt.

§8. The Reception of Newly-Encountered Psychoactive Substances

The closest historical analogue to a modern jurist confronted with an unfamiliar psychoactive substance is the reception of coffee, tobacco and qat between the sixteenth and eighteenth centuries.

Coffee provides the clearest example. It spread through Yemeni Sufi circles as an aid to night vigils of *dhikr* — its earliest documented use was explicitly devotional. Banned in Mecca in 1511 under Khā’ir Beg, the prohibition did not endure; the permissive position became dominant. The debate turned on classification: did coffee produce *iskār*, or was it *munabbih*, a stimulant? The permissive argument: stimulation is not intoxication.

Tobacco illustrates that legal character cannot be inferred from the plant’s identity alone — effects depend on quantity and mode of administration. High-dose *Nicotiana rustica* in some Indigenous American traditions produces effects radically different from ordinary low-dose use. A plant that functions as a stimulant at one dose does not necessarily remain a stimulant at every dose. This provides independent support for the dose-dependent classification developed throughout this paper — not a principle imported from psychedelic pharmacology, but an attested feature of the classical taxonomy’s own application once one plant is shown to occupy more than one category depending on quantity.

Qat is the disanalogous case: the Saudi Permanent Committee ruled it prohibited despite conceded benefit, on a *maṣlaḥa-mafsada* balancing test. Novelty and textual silence do not determine the ruling in either direction.

Coffee is especially important because it represents the clearest historical case where a psychoactive substance was adopted for explicitly spiritual purposes, subjected to sustained juristic scrutiny, and ultimately accommodated within the lawful category — relevant not only to classification but to the later question of deliberately seeking an altered state for devotional purposes (§22).

§9. The Shape of the Exception Corpus

Having surveyed the mechanisms above, their underlying logic can now be stated generally.

Mechanism	Trigger	Effect on prohibition
<i>Ḍarūra</i> — necessity	Threat to life or essential faculty	Prohibition is lifted to the extent necessary
<i>Ḥāja</i> — need	Widespread or serious need falling short of strict necessity	Prohibition may be relaxed where the need approaches <i>ḍarūra</i>
<i>Ikrāh</i> — coercion	The prohibited act is compelled	Culpability is removed
<i>Tadāwī</i> — medical treatment	Documented medical necessity, no lawful alternative	Prohibition may be lifted or relaxed
<i>ʿUmūm al-balwā</i> — widespread affliction	A prohibited circumstance becomes widespread and difficult to avoid	Prohibition may be relaxed
<i>Rafʿ al-ḥaraj</i> — removal of hardship	Observance creates undue hardship	Prohibition may be relaxed

Every mechanism operates by averting, removing, or accommodating a harm, deficiency, compulsion, or hardship that already exists or is reasonably imminent. None operates simply by establishing that the prohibited act produces a sufficiently valuable benefit. The direction is consistently: prohibition → existing harm or necessity → relaxation. What does not appear: prohibition → sufficiently valuable benefit → prohibition lifted.

This is a structural observation about the legal instrument, not yet a conclusion about any particular substance.

Part IV pursues both routes in the medical case and finds the first sufficient on its own, with the second available as a further and independent ground (§19).

The spiritual case is different. On the argument developed here, only the first route is presently available. If classification does not bring the substance within the prohibition, no dispensation is required and the question ends there. But if classification does bring it within the prohibition — particularly at the doses on which the fullest form of the spiritual use depends — no second route has yet been established.

The *samāʿ* and *iʿtikāf* precedents examined in §§22 and 33 address a different question: whether a practice may legitimately be undertaken for the sake of a spiritual state. They do not, by themselves, supply what the exception corpus lacks: a mechanism by which an existing prohibition is lifted because the prohibited act is being used to secure a sought benefit rather than to avert an existing harm or necessity.

That is the gap. It is identified here, where the structure of the argument first makes it visible, rather than left for Part IV to discover — though, as later sections establish, this gap turns out not to bind in practice, because §§16–17 find no classification for the gap to attach to. It is retained here as the honest statement of the structural problem the paper had to solve, and as the reason §17’s *samāʿ*-conditional-restriction route was developed.

§10. The Partial Counter-Example

One case in the broader corpus does not fit the structure of §9 neatly. It is worth retaining precisely because of where it diverges.

The classical dispute over *samā'* is often presented as a conflict between jurists suspicious of music and Sufis appealing to spiritual benefit. That description misses the more precise legal structure. The early prohibitionist case was not that sound itself was intrinsically prohibited. Rather, *samā'* gatherings were commonly associated with wine, impropriety, and instruments associated with drinking parties. The objection therefore had a substantial *sadd al-dharā'i'* character: the concern was with what the practice commonly led to or accompanied, rather than with audition as such.

Al-Ghazālī's response in the *Iḥyā'* is significant for precisely this reason, and his defence is stronger than sometimes stated. He did not need to claim that *samā'* was an independent act of worship like prayer or fasting. His defence was that a formally permissible activity could legitimately function as a means to a praiseworthy spiritual state, and, where it actually produced such states in a person oriented toward God, could itself become recommended and even count among the acts of religious approach (*qurabāt*). Thus his argument addresses not only the removal of prohibited circumstances but the deeper objection that using an otherwise lawful activity as a deliberate means to spiritual transformation is itself an illegitimate religious innovation.

He examined the circumstances on which the prohibition depends. Where the content is permissible, the company is appropriate, and the setting is free from prohibited associations, the original basis for objection is absent. His conditions on *samā'* therefore function less as qualifications attached to an otherwise prohibited act than as a specification of the circumstances in which the objection does and does not arise.

The legal movement is consequently not: *prohibition* → *competing spiritual benefit* → *prohibition overridden*. It is: *apparent prohibition* → *identify the circumstance generating the prohibition* → *remove that circumstance* → *no prohibition remains*. The act therefore returns to *al-aṣl fī al-ashyā' al-ibāḥa*, the presumption of permissibility, rather than requiring a dispensation from an otherwise applicable prohibition.

This has two consequences for the argument of this paper.

First, it strengthens the treatment of Objection C in §22. Objection C is itself substantially a *sadd al-dharā'i'* argument. The response is not simply to place a sufficiently valuable spiritual benefit on the opposite side of the scales. It is to ask whether the harmful circumstances on which the objection depends are actually present.

Second, *samā'* does not by itself close the gap identified in §9. A restriction based on the intrinsic legal classification of a substance operates differently from a restriction based on its customary associations. If a substance is prohibited because its own effects instantiate a prohibited *waṣf* — the operative legal attribute the classification actually turns on — removing problematic company or setting does not remove the *waṣf*. There is therefore no equivalent external circumstance to strip away, because the restriction was never grounded in association to begin with.

Samā' is consequently a genuine counter-example to the general shape of §9, but

only a partial one. It demonstrates that a *sadd al-dharā'i'* restriction can be defeated by demonstrating the absence of the circumstances that generated it. It does not demonstrate that a classification-based prohibition can be displaced by the spiritual value of the resulting state. *Samā'* supplies a precedent for defeating an association-based restriction; it does not supply the missing mechanism by which a substance-based classification is suspended for the sake of a sought spiritual benefit.

A further form of this objection — associated with later critiques of *samā'* in the Ibn Taymiyya tradition, that routinizing spiritual use into a fixed, patterned structure constitutes *bid'ah* independent of content — is addressed at §22 and §25.

Part III — Classification

§11. The Taxonomy

The classical jurists did not treat every mind-altering substance as a single undifferentiated category of “intoxicant.” Earlier versions of this paper collapsed several distinct classifications into one prohibitive category and, in doing so, understated the precision of the classical analysis.

Category	Defining feature	Characteristic effect	Legal significance
<i>Muskir</i>	Intellect clouded while the senses remain operative, accompanied by <i>nashwa</i>	Elation, boldness, heightened self-assertion, sometimes aggression	The paradigmatic category of <i>khamr</i> ; <i>ḥadd</i> -bearing, prohibited at any quantity
<i>Mukhaddir</i>	Intellect clouded without the characteristic <i>nashwa</i> of <i>muskir</i>	Lethargy, numbing, weakening, drowsiness — <i>futūr</i> , the effect the hadith corpus names <i>mufattir</i>	<i>Ṭāhir</i> , no <i>ḥadd</i> ; <i>ta'zīr</i> -liable at the quantity actually producing the effect
<i>Murqid</i>	All five senses absent together, not merely dulled	Loss of sight, hearing, touch, smell, and taste at once, alongside ordinary discrimination	<i>Ṭāhir</i> , no <i>ḥadd</i> ; the substances discussed here (<i>banj</i>) are the basis of the anaesthesia precedent
<i>Mufsid</i>	Durable harm to the body or faculties, independent of <i>sukr</i>	Physiological or neurological impairment outlasting the acute state	A harm-based category, addressed through the law of harm rather than intoxication

The question is not: does the substance alter consciousness? It is: what does it alter, how does it alter it, what accompanies the alteration, and how consistently does that effect occur?

A note on *mufsid*'s two senses. The word carries two distinct meanings in the literature. In al-Qarāfī's own usage in *al-Furūq*, and in this paper's own subsequent argument, *mufsid* names durable harm. In a separate usage, preserved in al-Shahīd al-Awwal's *al-Qawā'id wa-l-Fawā'id*, *al-mufsid lil-'aql* names a different thing: the third term in a three-way division by acute effect — senses gone (*murqid*), senses intact with *nashwa* (*muskir*), senses intact without *nashwa* (*al-mufsid lil-'aql*). That third slot is not a claim about durability. It is definitionally identical to what this paper, following al-Qarāfī's own vocabulary, tests throughout as *mukhaddir*. This paper tests the acute sense at §15, under the label *mukhaddir*, and tests the durable-harm sense separately at §17.

Muraqqad, stated precisely. The test is conjunctive, not a matter of degree. Al-Shahīd al-Awwal's formulation states it directly: "either the five senses disappear with it, or they do not — the former is the *murqid*." One channel surviving — sight, hearing, touch, smell, or taste — is sufficient to defeat the classification. This is the version of the criterion §14 tests the clinical evidence against, and it is a sharper, more falsifiable claim than "senses suspended" or "senses dulled."

Al-Qarāfī draws the *muskir*/*mukhaddir* distinction in explicitly behavioural terms, not merely by degree of impairment. Of wine-drinkers he writes: "their rowdiness becomes frequent, some attack one another with weapons, and they undertake grave matters which they would not undertake while sober, to the point that the slain are often found among them" (*al-Furūq* 1:217–218). He contrasts this directly with hashish users, describing them as passive and silent, lacking the aggressive force characteristic of wine-drinkers — though later commentators challenged the empirical generality of this contrast, observing that hashish users can show considerable emotional volatility, including weeping, which al-Qarāfī's own account does not fully accommodate.

A concrete diagnostic instrument for *muskir* is preserved in the historical record alongside this behavioural distinction: jurists of Balkh held that accurate recitation of Sūrah al-Kāfirūn was sufficient to establish sobriety — a test rooted in the same incident that occasioned Q4:43 itself, when a Companion leading Maghrib prayer while intoxicated misrecited that same sūrah. Sayyidunā 'Alī is reported to have held a related principle: that words and speech, rather than gait alone, are the more reliable indicator of intoxication.

The uniformity criterion. Al-Qarāfī adds a further test, independent of *nashwa* and sensory involvement: how consistent is the effect across users. *Muskir* produces a relatively uniform pattern. Hashish, his own example of *mukhaddir*, does not: stimulation in one user, drowsiness in another. Variability is itself evidence relevant to classification.

Cross-school corroboration. An earlier draft of this paper relied too heavily on al-Qarāfī alone — a real structural vulnerability. The *nashwa* criterion is preserved independently by 'Ulaysh (*Minaḥ al-Jalīl*) and by al-Shahīd al-Awwal (*al-Qawā'id wa-l-Fawā'id*, p.73), both citing back to *al-Furūq* 1:205 — two separate transmission lines for the same distinction. On banj and opium specifically — the class closest

to this paper’s argument — al-Marwarrūdhi and al-Zarkashī (Shāfi’ī) treat both as non-*muskir*; Ibn Taymiyya (Ḥanbalī) reaches the same conclusion independently; Ibn ‘Ābidīn (Ḥanafī) recognises a quantity threshold. Ibn Farḥūn, al-Nawawī, and al-Mardāwī each independently affirm the amputation case by name (§7). That is four schools converging on the class this paper’s argument actually depends on.

The unresolved case of hashish. Hashish must be treated separately, because the classical literature does not agree. Even within the Shāfi’ī school: al-Ramlī keeps hashish distinct from liquid khamr without fully resolving *ḥadd* versus *ta’zīr*; Ibn Ḥajar al-Haythamī takes the stricter position directly. Al-Zarkashī himself wrote an entire treatise on the question, *Zahr al-‘Arīsh fī Aḥkām al-Ḥashīsh*, addressing hashish’s medical use directly. This paper does not depend on resolving the wider dispute — psilocybin is tested against the operative criteria on its own evidence.

The test applied in §§12-17. These sections apply the taxonomy progressively, principally to psilocybin, with 5-MeO-DMT treated separately where its pharmacology and phenomenology diverge materially. The argument proceeds as a series of increasingly conservative fallback positions. The conclusion therefore doesn’t rest on any single contested premise: the substance is tested against the whole structure — *nashwa*, clouding, preservation or loss of the senses, uniformity of effect, dose, and independent harm.

§12. The Self-Stated ‘Illa of Q5:91

When a text itself identifies the reason for its ruling, that reason has particularly strong evidentiary status in *qiyās*. It is *manṣūṣ al-‘illa*. Q5:91 gives two such effects: *‘adāwa wa-baghdā’* — enmity and hatred — and *ṣadd ‘an dhikr Allāh wa-l-ṣalāt* — being turned away from remembrance and prayer.

Ibn Rushd, in *Bidāyat al-Mujtahid*, reports the Iraqi jurists as arguing that the Qur’an explicitly identifies khamr’s *‘illa* as preventing remembrance of God and producing enmity and hatred — not necessarily his own conclusion, since he reports this as one side of a dispute and elsewhere favours the competing, text-based position. His own terminology for this kind of reasoning — *al-qiyās alladhī yunabbihu al-shar’ ‘alā al-‘illati fih*, “the *qiyās* in which the law itself draws attention to the *‘illa*” — independently supports treating Q5:91 as self-stating its own *‘illa*.

The two limbs are joined in the Arabic by *wa* — an additive conjunction, not a disjunctive one, at both levels of the clause. This is worth stating precisely: the *wa* describes Satan’s aims through khamr and maysir as a pair of characteristic vices, not a conjunctive legal test requiring a substance to produce every listed effect simultaneously before the *‘illa* is defeated, nor a disjunctive test where failing on any single limb ends the inquiry. Each limb is properly weighed on its own evidentiary merits — which is how the classical commentaries themselves proceed.

“If you cannot pray during the experience, that alone proves it is intoxicating.”

This is perhaps the most common lay objection to an argument of this kind. It effectively introduces a fifth classification test, independent of al-Qarāfi’s taxonomy: if the substance prevents prayer during its acute effects, it must be *muskir*.

That proposition cannot stand. Inability to pray is a consequence of some altered states; it is not, by itself, the criterion by which those states are classified. General anaesthesia is the decisive counter-example: a person under anaesthesia may be completely unable to perform *ṣalāt*, yet the state is not thereby classified as *muskir*; the classical discussion distinguishes such states under *murqīd*. If temporary inability to pray were sufficient to establish *sukr*, anaesthesia would necessarily be classified as an intoxicant.

The relevant question is therefore not simply whether prayer is impossible during the experience, but what kind of state produces that inability and whether it instantiates the legal *waṣf* of *sukr*. §34 develops this further: it extends the anaesthesia counter-example across the schools, shows that the objection, taken to its logical end, would also classify sleep and severe illness as instances of the same prohibited category, and states the general principle that follows: inability to pray is governed by the separate jurisprudence of incapacity and *qaḍā'* (§4, §7), not by the law of intoxicants.

Limb One: Enmity and Hatred. The available clinical literature on psilocybin does not point toward *'adāwa*. Studies report increased emotional empathy without corresponding reduction in cognitive empathy, and changes in emotional processing associated with improved rather than impaired interpersonal functioning, particularly in treatment-resistant depression. On the first limb, the stated *'illa* does not appear to obtain.

The Second Limb Is Not One Question — It Is Three.

Proposition 1 — immediate incapacity. Does the altered state itself make prayer impossible while it lasts? This is the proposition most directly supported by the revelation history. Q4:43's *ḥattā* ties the restriction explicitly to the duration of the state itself. Al-Ṭabarī preserves Companion reports describing exactly this temporal understanding: 'Alī's recitation becoming confused; Ibn 'Abbās's account of intoxicated worshippers; Qatāda's report that the Companions "used to avoid intoxication at the times of prayer." Ibn 'Umar's account of the staged revelation shows the same structure. Proposition 1 was settled early, narrowly, and separately — a fact about capacity during a state, not a diagnostic test for what caused it. It is answered by *qaḍā'* (§4, §7), regardless of the incapacity's cause.

Proposition 2 — behavioural preoccupation. Does the practice characteristically occupy time and attention such that remembrance is displaced? Al-Qurṭubī's tafsīr preserves al-Qāsim b. Muḥammad's statement on chess and backgammon: "whatever turns [a person] away from the remembrance of Allah and from prayer is maysir." Games do not intoxicate; their mechanism is absorption. Ibn 'Āshūr gives the cleanest formulation: *khamr* obstructs through altered consciousness, *maysir* through the expenditure of time; both converge on the same result. This proposition is not resolved by *qaḍā'* — it is not about a single incapacitated moment. A single, supervised, purpose-limited session is structurally closer to a single surgical procedure than to habitual gambling. Recreational, repeated, unbounded use is a materially different case. This gives the supervision and purpose conditions developed at §21 a second textual ground.

Proposition 3 — persistent spiritual orientation. Does the experience produce an enduring disposition away from remembrance of Allah? This is the proposition for

which the available classical evidence is weakest. I have not found, in al-Ṭabarī, al-Qurṭubī, al-Rāzī, or Ibn 'Āshūr, a Companion statement or major classical position holding that khamr's *ṣadd* includes a continuing spiritual disposition persisting after the intoxication itself has ended. That is not evidence no such interpretation exists — it is the limit of the sources presently identified.

Withdrawing the Phenomenological Argument. An earlier version of this section attempted to address Proposition 3 through participants' descriptions of the experience itself. That argument is withdrawn. A person experiencing what feels like closeness to God has established, at most, that the experience feels like closeness to God. The tradition explicitly allows that an experience which appears spiritually elevated may nevertheless be deceptive; if a state could be either genuine unveiling or Shayṭānic counterfeit, its phenomenology alone cannot settle which. Yasir Qadhi, chair of the Fiqh Council of North America, made substantially the same point in January 2025: "perhaps what you think is a connection of God when you're high is not actually a connection with God."

The consequence is methodological: subjective spiritual phenomenology cannot be the decisive evidence for a question concerning actual orientation toward God. Islamic law has never claimed unrestricted access to hidden spiritual states — the Prophet ﷺ said as much of his own judicial judgment: "I am only a human being... I give my verdict according to what I hear," warning that a wrongly-awarded judgment gives the recipient only "a piece of Fire." Later jurists formalised this as *al-ẓāhir* versus *al-sarā'ir*. The relevant question is therefore whether subsequent outward conduct moved in the direction the *'illa* is concerned with.

There is some evidence bearing on this. A randomised controlled study of religious leaders found psilocybin associated with increased contemplative practice at sixteen-month follow-up. An earlier study from the same programme found a significant increase, at six months, on the Schwartz Value Scale's Tradition subscale, against the expectation that psychedelic experience erodes traditional commitment. A large longitudinal survey found an association with subsequent increases in meditation practice. None of this is specifically Islamic; the practices measured are generic rather than *ṣalāt* and *dhikr* by name, and much of it is self-reported.

The absence of Islamic-specific data is a structural consequence of the prohibition this paper examines, not a neutral gap. Sughra Ahmed, the one Muslim participant in the religious-leaders study cited above, has since described choosing not to disclose her experience publicly or to her family, because she did not believe it would be understood and did not feel safe discussing it openly. Her account is a single, self-selected testimony, illustrating why the practice-frequency data this question needs does not yet exist for Muslim populations specifically.

That gap is beginning to close. A 2026 survey (Rab, Ahmad, Palitsky, and Zarrabi) found moderate openness toward psychedelics among Muslims in the United States, though it measures attitudes rather than post-experience devotional conduct. Emory University's MOSAIC initiative examines specifically how psychedelic experience is understood and integrated into Muslim religious life; preliminary findings were presented at the 2025 American Academy of Religion meeting, with full publication pending. A smaller, non-academic effort — a structured collection running at psychedelic-

sandislam.com, pairing the MEQ-30 with post-experience practice-change questions across *ṣalāh*, Qur'an engagement, *dhikr*, fasting, and *taqwā* — has also begun gathering this data, though as a self-selected sample without peer review, it does not itself close the gap.

Provisional Finding. Proposition 1 is procedural, answered by *qaḍā'*. Proposition 2 is a genuine, classically-grounded test, giving §21's conditions independent textual support. Proposition 3 is not established by phenomenology, and the relevant evidence — outward conduct — is indirect and not Islamic-specific, but the gap is structurally explained and beginning to close. On the *'illa* as Q5:91 states it, the case against psilocybin is not straightforward on any of the three propositions, and none of them is settled by the simple question of whether prayer is possible during the experience. The classification question proceeds to §§13–16.

§13. Level One — Muskir, Tested Against Its Own Diagnostic Markers

The primary case is not a fallback argument. It is that the classical *muskir* classification has not been established for classical psychedelics on the diagnostic terms supplied by the jurists themselves, at the doses examined in the clinical literature.

This section tests the clinical evidence against the classical markers directly. Behaviour comes first, because this is where the classical sources are most concrete; motor coordination follows, where recent controlled studies permit direct measurement; cognition is then considered, with acute-state effects distinguished from durable effects; and finally variability of effect is examined.

The evidentiary method follows the fourth principle established in §2: behavioural evidence is preferred to neuroimaging where obtainable, because it bears more directly on the classical question of whether the relevant faculties continue to function. Where behavioural evidence is unavailable, that limitation is stated rather than concealed.

Behaviour. Al-Qarāfī's account of the characteristic behaviour of wine-drinkers is stated in full at §11. He contrasts this with hashish users, described as passive and quiet. Later commentators questioned the empirical universality of this contrast, and that qualification is important: the absence of aggression is treated here as a specific empirical marker within al-Qarāfī's own comparative account, not an absolute definition of intoxication.

A second and independent behavioural indicator is associated with Sayyidunā 'Alī: speech provides a more reliable indication of intoxication than gait alone, given concrete form in the Balkh recitation test. The ability to sustain coherent, discriminating speech provides an observable indication of whether the relevant faculty has become clouded.

Tested against these markers, the clinical literature does not reproduce the characteristic behavioural profile of wine intoxication. Early controlled observations of psilocybin sessions describe participants as generally quiet and inwardly focused. Naturalistic research on psilocybin and 5-MeO-DMT does not suggest that acute use ordinarily produces violent or socially disruptive behaviour. Longitudinal observational studies have additionally reported associations between psychedelic use and lower rates of

some forms of criminal or violent behaviour, though such findings concern associations with use rather than the acute pharmacological state and cannot by themselves establish the legal classification.

More directly relevant are controlled-session observations in which participants continue to respond to facilitators' questions during the acute state — bearing on 'Alī's speech criterion directly.

On al-Qarāfi's own comparative test, the behavioural profile of psilocybin does not closely reproduce the paradigm through which he characterises *muskir*.

Motor coordination. A randomised, blinded study assessed manual dexterity (Box and Block Test) and fine hand kinematics across a 5–20mg psilocybin dose range. Low-to-moderate doses produced little evidence of substantial disruption; movement smoothness and velocity showed no major deterioration. At higher doses, a modest biphasic pattern was observed, with slight impairment around peak effects. A companion dose-finding study qualifies this: basic motor tasks did not show substantial impairment, but tasks requiring motor performance together with additional cognitive or speed demands showed measurable impairment at 20mg during peak effects.

Basic motor coordination is substantially preserved across much of the tested dose range, while impairment becomes more apparent in complex cognitive-motor tasks at the higher end and around peak effects. That pattern is not a general collapse of bodily coordination. It suggests a selective, dose-dependent disruption of particular higher-order tasks.

Cognition: acute state and durable effect are different questions. *Durable cognitive effect:* a placebo-controlled neuroimaging study of psychedelic-naïve participants receiving a single 25mg dose of psilocybin reported improvements at one-month follow-up in cognitive flexibility, psychological insight, and well-being. The same study reported increased cortical signal entropy and reduced alpha power during the acute state, and a later anatomical finding (Lyons et al.) without a corresponding durable alteration in resting-state functional connectivity — anatomical diffusion measures and functional connectivity measure different things, and these findings should not be collapsed into a single claim. An acute alteration in neural dynamics is not equivalent to durable cognitive impairment.

Recovery from the acute state: a controlled DMT study required formal discharge assessment, including field-sobriety testing and the Mini-Mental State Examination, before participants left the study setting. Participants passed within the observation period. This does not establish that DMT subjects could pass such tests at the height of the psychedelic state; the assessment occurred after the principal acute effects had subsided. Its relevance is therefore limited, and more directly relevant to §17 than to the acute classification considered here.

Memory, confusion and discrimination: the available literature does not make profound memory loss or persistent clinical confusion a characteristic feature of ordinary psilocybin administration. Vivid autobiographical or mystical recall should not be confused with forgetfulness.

Variability of effect. Al-Qarāfi's comparison is not simply between strong and weak substances: wine is characterised by a relatively recognisable pattern including ela-

tion and boldness, whereas hashish exhibits greater variation between individuals. The modern psychedelic literature presents an unusually strong case for context- and person-dependent variation — set, setting, prior expectations, personality, environment. Psychedelics have consequently been described as “non-specific amplifiers” of psychological and contextual factors rather than substances with a single invariant subjective effect.

Confusion and the Mystical Experience Questionnaire. The MEQ measures mystical experience, positive mood, transcendence of time and space, and noetic quality. Its noetic items concern experiences such as an apparently intuitive acquisition of knowledge and a felt certainty of encountering ultimate reality. The significance here is not that the MEQ proves the absence of confusion — it shows that the phenomenology ordinarily measured as a “mystical experience” is conceptually distinguishable from simple stupefaction. That distinction is particularly important because extraordinary certainty does not by itself establish that ordinary discrimination has failed.

Two qualifications. First, the absence of aggression or gross confusion should not be converted into an assertion that psychedelic experiences are uniformly easy or benign. A substantial minority report intense fear, anxiety, or highly challenging experiences. But affective intensity is not identical to cognitive or sensory incapacitation. Terror, awe, grief or ecstasy can be intense while the person’s basic faculties remain operational.

Second, noetic experience requires particular care. A critic could argue that an unshakeable conviction in an unfalsifiable revelation is itself evidence of impaired discrimination between truth and falsehood. The MEQ cannot settle that philosophical or juristic question.

Finding at Level One. Tested against the classical markers rather than a general modern notion of “intoxication,” the evidence does not establish the characteristic *muskir* profile. The behavioural evidence does not reproduce the aggression and disinhibition that dominate al-Qarāfi’s paradigm description, while controlled-session observations indicate subjects can continue to engage coherently with facilitators. Basic motor coordination is substantially preserved. Acute neural and cognitive alterations are substantial but should not be conflated with durable cognitive deterioration. The marked variability produced by set, setting and individual disposition is difficult to reconcile with one uniform behavioural phenotype.

At the doses examined in the clinical literature, the available evidence does not establish that classical psychedelics satisfy the classical diagnostic markers of muskir.

This is not a claim that psychedelic experiences involve no impairment, no confusion, no dangerous behaviour, or no unusual beliefs at any dose. Nor does it resolve the broader moral-epistemic question of whether a person’s capacity to distinguish truth from falsehood can be impaired while ordinary sensory and communicative functions remain intact.

Level One asks only whether the classical *muskir* markers themselves obtain. The subsequent levels test distinct propositions: whether the sensory faculties become globally suspended (*murqid*), whether *nashwa*/craving distinguish the state, and whether

mukhaddir's own evidentiary route is satisfied.

§14. Level Two — Murqid, Tested Against Its Own Diagnostic Marker

Level One's case is strongest at moderate, clinically administered psilocybin. It becomes less decisive at the extreme end of the dose range — full ego dissolution, 5-MeO-DMT's characteristic full-release state — where the experience may cease to present itself as an altered perception of an external world and instead involve the apparent disappearance of the world, the self, and ordinary phenomenal distinctions altogether. If Level One's claim becomes difficult to sustain at this extreme, that does not by itself establish *muskir*, nor does it automatically establish *murqid*.

The test, stated precisely. Al-Qarāfī draws the distinction according to what happens to the senses: “either the five senses disappear with it, or they do not. If the senses disappear with it, such as sight, hearing, touch, smell and taste, then it is the *murqid*.” Al-Shahīd al-Awwal preserves the same distinction. The criterion is therefore narrower than altered consciousness, hallucination, confusion, or even the disappearance of an ordinary sense of self. A radically altered perceptual world is not necessarily a world in which the senses have disappeared.

What evidence can actually test the criterion? The absence of direct testing should not be mistaken for evidence that the senses were preserved. But equally, the disappearance of the experienced world cannot by itself establish that the senses had ceased to function.

Psilocybin. Bravermanová et al. (2018) administered psilocybin to twenty healthy volunteers and recorded auditory event-related potentials during the peak of intoxication. Psilocybin significantly reduced N100 and P300, demonstrating disruption at early perceptual and higher-order processing stages. But mismatch negativity (MMN) — the automatic detection of an auditory change — was not significantly affected. Auditory processing was altered without being abolished. A separate EEG-fMRI study of tactile mismatch responses found the later tactile MMN reduced, but no significant effect on early sensory components preceding it.

Ayahuasca. Riba et al. measured auditory P50 suppression and prepulse inhibition of the acoustic startle response. Ayahuasca reduced P50 suppression, demonstrating altered auditory sensory gating, while prepulse inhibition, startle response, and habituation were not significantly disrupted. Auditory sensory and sensorimotor responses remained measurable during the ayahuasca state.

Standard N,N-DMT. No controlled psychophysical study directly comparable to the above has been located for DMT specifically. Lawrence, Carhart-Harris, Griffiths and Timmermann (2022) analysed 3,778 reports of inhaled DMT experiences. Within 1,719 entity encounters, participants reported visual involvement in 88.4%, auditory in 27.6%, tactile in 15.0% — and, most strikingly for the two modalities for which controlled experimental evidence is scarce, taste or smell in 0.2% (3 of 1,719). This is retrospective, self-selected data, and the study's own authors note a likely bias toward more notable or memorable experiences. But a structured question, answered by a dataset this size, returning even a small number of positive reports for the two senses with no clinical data at all, is sufficient on the test's own logic: taste and smell

were not uniformly absent.

5-MeO-DMT. This remains the hardest case. Its characteristic peak can be extraordinarily intense and brief, making direct behavioural testing substantially more difficult. The neurophysiology argues against simply equating 5-MeO-DMT with anaesthetic unconsciousness: although it produces marked increases in slow-frequency activity, comparative work (Toker et al., *eLife* 2024) found that cross-frequency corticothalamic information transfer was enhanced under 5-MeO-DMT, whereas propofol-induced unconsciousness diminishes it. A separate paper on “complex slow waves” under 5-MeO-DMT describes subjects as remaining “awake and aware.” This is evidence against treating the 5-MeO state as merely another form of anaesthetic unconsciousness. It is not, however, a direct test of any of the five senses.

Consequence. For psilocybin and ayahuasca, murqid’s criterion is not met: controlled evidence confirms that at least one sensory channel — hearing — continued to register, and, for ayahuasca, continued to produce a downstream reflexive response, during the acute state itself. For standard DMT, the same finding is supported on weaker, naturalistic rather than controlled evidence. For 5-MeO-DMT, no comparable channel-level test exists, and the question remains genuinely open rather than resolved in either direction — not for lack of searching, but because the decisive experiment may not be obtainable at this substance’s characteristic peak intensity.

A note on §33. This finding needs to be held honestly against §33’s argument, not silently alongside it. For psilocybin and ayahuasca, the finding that the senses are not uniformly absent even at doses producing profound subjective alteration means §33’s account cannot rest on a “sleep-equivalent” premise for those substances. §33 is accordingly built around a different axis — self-reference, not sensory function — precisely to avoid this tension.

§15. Level Three — Without Nashwa or Craving, Not Muskir; Mukhaddir Becomes the Live Candidate, Tested Against Its Own Diagnostic Evidence

Suppose neither Level One nor Level Two is accepted. Even on this considerably more conceded ground, al-Qarāfī’s operative distinction between *muskir* and *mukhaddir* still presents a separate test. For al-Qarāfī, *muskir* is clouding accompanied by *nashwa*. *Mukhaddir*, by contrast, is clouding without *nashwa*: his own paradigm is hashish.

A methodological note is needed on Ibn Taymiyyah here. In *al-Fatāwā al-Kubrā* 24/204, he rejects the claim that hashish merely alters the mind without intoxicating, holding it produces an elating “high” like *khamr* — disputing, not conceding, the absence of *nashwa* al-Qarāfī attributes to it. He is not, therefore, an independent second route converging with al-Qarāfī’s test; he disagrees with al-Qarāfī on hashish’s basic phenomenology. Level Three accordingly rests on al-Qarāfī’s *nashwa* criterion alone, tested against the evidence below.

The phenomenological record. The record runs strongly against identifying the classical psychedelic state with al-Qarāfī’s *nashwa*. A controlled study found 30% of participants experienced strong fear under psilocybin. The large naturalistic DMT

dataset (Lawrence et al., 2022) shows that of 3,778 experiences, 1,019 (27.0%) contained at least one difficult or challenging item on the Challenging Experience Questionnaire: fear in 22.2%, grief in 11.0%, a sense of dying in 6.0%. These figures do not establish that DMT is never pleasurable, but they make it difficult to characterise the experience as intrinsically organised around the pleasurable, emboldening state al-Qarāfi describes.

The evidence establishes something narrower and more defensible than the strong claim that difficult experiences make craving impossible: the psychedelic state cannot straightforwardly be equated with the pleasurable, emboldening *nashwa* al-Qarāfi uses to distinguish *muskir* from *mukhaddir*.

The methodological objection. A critic may object that *nashwa* is not the effective legal cause but merely a descriptive feature accompanying the true cause, *taghṭiyat al-ʿaql*. This paper does not need to resolve that dispute, because Level One (§13) already tested *taghṭiyat al-ʿaql* directly, independently of *nashwa*.

Ibn Taymiyyah’s ruling on banj. His ruling that banj is not *muskir* (§7) stands independently of his hashish ruling and is corroborated further by al-Zarkashī, al-Marwarrūdhī, and Ibn ʿĀbidīn across three further schools (§11) — four schools converging on banj- and opium-type substances specifically. That convergence does not extend to hashish, where Ibn Taymiyyah and al-Qarāfi disagree, and this paper does not need it to: psilocybin’s classificatory question at Level Three is settled by al-Qarāfi’s *nashwa* criterion alone.

Not muskir on the nashwa test. Mukhaddir remains the live candidate — but must itself be tested, not assumed by elimination.

Mukhaddir, tested against its own diagnostic evidence. Mukhaddir is defined by a relational structure: clouding of *ʿaql*, with the senses preserved, without *nashwa*. Clouding is the underlying condition being classified; sensory preservation and *nashwa*’s absence tell you where to place clouding, not whether it occurred. That prior question is not directly observable. For *mukhaddir*, lacking *nashwa* by definition, the sign is *futūr*, and its specific somatic form, *khudrah*: bodily weakness, feebleness, heaviness of the limb. Testing *futūr* and *khudrah* is testing whether clouding itself is established, using *mukhaddir*’s own diagnostic route rather than *muskir*’s — a second, independent way of asking the same question §13 already asked directly.

Sensory preservation and variability are genuinely relevant but answer the placement question — where clouding would belong, if established — not the threshold question of whether it occurred.

Futūr fails. The observed quietness of psilocybin participants has already been used, at §13, to defeat *muskir*’s turbulence marker; it cannot also establish *futūr*’s lethargy marker, because the mechanism the evidence supports is not lethargy. Holze et al., comparing LSD and psilocybin directly, found both substances significantly increase blood pressure, body temperature, and pupil diameter relative to placebo — sympathetic activation, not the bodily weakness *futūr* requires.

Khudrah fails. Controlled kinematic testing found low-to-moderate psilocybin doses produce no meaningful disruption to dexterity; the naturalistic DMT dataset shows

motor effects of any kind in only 2.8% of experiences, paralysis specifically in 1.3%.

Consequence. The result is not that *mukhaddir* has been tested and found wanting on some markers while passing others. It is that the evidence which would establish clouding through *mukhaddir*'s own route — *futūr*, *khudrah* — is absent, precisely as the evidence establishing it through *muskir*'s route was already found absent at §13.

Two independent diagnostic paths converge on the same negative finding. This is confirmation, independently arrived at, of what §13 already established: clouding of the intellect — the threshold condition every category in this taxonomy depends on — has not been shown to occur, by any diagnostic route classical jurisprudence supplies for showing it.

The resulting finding is therefore narrower but stronger: the very premise the taxonomy requires before classification can begin has not been met, tested twice, independently, and failed both times.

§16. Level Four — Does the Taxonomy Reach This Phenomenology At All?

Levels One through Three tested clouding of the intellect through both routes classical jurisprudence provides for establishing it: *nashwa*, for the *muskir*-type case, and *futūr/khudrah*, for the *mukhaddir*-type case. Neither was found. This section does not revisit that finding. It asks what follows from it.

The categories tested were developed by jurists reasoning from substances known to the classical world. Their diagnostic signs were built to detect clouding in phenomenology of that kind, and they were tested against classical psychedelics on exactly those terms, not set aside or assumed inapplicable. The finding that neither sign is present is not a case of the taxonomy failing to reach unfamiliar territory. It is the taxonomy reaching the territory and reporting, twice, independently, that its threshold condition is absent.

Why this is the floor, not another rung. There is no further concession left to make within the *sukr*-based taxonomy. Every classical route to establishing *sukr*-type clouding has now been tested — *nashwa*, *futūr* and *khudrah*, sensory disappearance — and every one has returned the same result. *Mufsid*, addressed separately at §17, is not a route to establishing this same clouding; it is an independent, harm-based inquiry that does not depend on anything concluded here, and its own testing is conducted on its own terms.

A final comparative question: covering or unveiling? One further feature of the classical terminology is worth recording, provided its evidentiary status is kept strictly bounded — not as a further test of clouding, but as a linguistic observation consistent with the finding already reached. The word *khamr* is classically connected with the semantic field of covering and concealment. Al-Qurṭubī explains the derivation through *khamara*, “to cover”; Ibn Jarīr al-Ṭabarī likewise. The first-person literature surrounding classical psychedelics employs strikingly different language: unveiling, disclosure, insight, clarity. This is not an argument that psychedelics actually reveal hidden realities — that would treat phenomenology as *ḥujja*, contrary to §2's method. Nor does the linguistic contrast logically exclude *sukr* in principle. The point

is narrower: if classical *sukr* is characteristically described through covering, while classical psychedelic experience is characteristically reported through unveiling, the phenomenological register does not independently point toward *muskir*. This is a comparative, weakly confirmatory consideration, not a diagnostic test. It corroborates the finding already established on firmer grounds; it does not carry weight on its own.

What the preceding levels establish, stated plainly. First: what establishes clouding of the intellect? *Nashwa*, for the *muskir*-type case; *futūr* and *khudrah*, for the *mukhaddir*-type case; sensory disappearance, for the *murqid*-type case. All three routes have been tested. All three returned the same answer: not established. Second: if clouding were established, what kind of state would it be? Sensory preservation and marked variability both point toward *mukhaddir* specifically, if clouding is granted — but this answers a conditional question, not the prior, unconditional one. Third: does psychedelic phenomenology resemble the terrain the taxonomy was built from closely enough for confident extension? The correspondence is imperfect on every axis tested, and this imperfection helps explain why the first question returns a negative finding rather than an ambiguous one.

The result of Part III. The question pursued is not adequately expressed as “are psychedelics intoxicating.” The classical inquiry is more exacting: what state do they produce, what evidence establishes that state, and is the threshold condition for classification under this taxonomy met at all. The answer, tested through every route available: it is not. This is not a case left open for lack of evidence. It is a conclusion reached by testing every classical diagnostic route directly against the phenomenology, honestly, on that route’s own terms, and finding the threshold condition absent by each one.

What remains, and what does not. None of this licenses unrestricted use. It closes off one route to restriction — *ḥadd* and *ta’zīr* grounded in *muskir*, *mukhaddir*, or *murqid* classification — because the threshold condition those categories require has not been established. It does not close off every route. *Mufsid*, tested independently at §17, addresses durable harm on its own terms, unaffected by anything concluded here. And Islamic law’s general authority to regulate against harm — *ḥifẓ al-naḥs*, *ḥifẓ al-’aql* — does not depend on a substance first being named within this taxonomy.

One further possibility needs naming rather than left for a critic to raise unaddressed. A jurist might still hold that this phenomenology should be restricted — not because it is *muskir*, *mukhaddir*, or *murqid*, but because of the circumstances under which it is typically encountered: unsupervised, unstructured, absent clear purpose or company. That is a coherent objection, but it is not a *sukr*-based one, and it should be tested by the same method §10 already applied to an analogous case. *Samā’*’s own resolution turned on precisely this distinction: the early prohibition attached not to sound itself but to the circumstances sound was typically found in. A circumstantial objection raised here would work the same way. It would not be a fixed ruling on the phenomenology itself. It would be conditional on the circumstances it names, and it would lift exactly as *samā’*’s did, once those specific conditions — supervision, purpose, company, setting — are shown to be met rather than absent. That is not a loophole. It is the same legal structure already governing this paper’s own conditions for supervised use, arrived at independently, from the opposite direction.

§17. Mufsid: The Separate Question of Durable Harm

One clarification is necessary before this section proceeds, because the term *mufsid* is not used uniformly across the sources this paper draws on. *Mufsid* carries two distinct senses. In al-Qarāfi's own usage in *al-Furūq*, and in this paper's treatment throughout Part III, *mufsid* names a harm-based category — durable corruption — independent of *sukr* classification. In a separate usage, preserved in al-Shahīd al-Awwal's *al-Qawā'id wa-l-Fawā'id*, *al-mufsid lil-'aql* names something different: the acute-clouding-without-*nashwa* slot, definitionally identical to what this paper tests as *mukhaddir*. This paper tests that acute sense at §15. What this section tests is the harm-based sense.

This inquiry does not depend upon anything concluded in §§13–16. A substance could fail every *sukr*-based category and still require restriction on the independent ground of lasting harm. Conversely, the absence of such harm does not itself establish anything about *sukr* classification.

Mufsid, in this sense, is also broader than a single axis. This paper accordingly tests three distinguishable forms of harm, separately for each substance: durable cognitive or intellectual deterioration; structural or neurobiological injury; and durable physiological harm.

Cognitive and intellectual function.

Psilocybin. A systematic review of 20 studies (2,959 participants) found global cognitive function and processing speed largely unchanged, attentional impairment confined to the acute phase rather than shown to be durable, and improvement — not merely absence of decline — in executive function and emotional processing, particularly in treatment-resistant depression populations (Meshkat et al., 2024). Lyons et al. found improvements in cognitive flexibility and psychological insight at one-month follow-up.

Ayahuasca. The strongest evidence in the paper for any substance on this axis. Fonseca et al. (2025), a cross-sectional study of Santo Daime church members, compared users of more than twenty years' standing against beginners and non-using controls: experienced users performed on par with controls on most measures and outperformed beginners on verbal and visuospatial working memory. Bouso et al. (2012), a longitudinal study of Barquinha church members with estimated lifetime exposure of 360–1,440 ceremonies, found no pattern of the deterioration associated with substances of established abuse liability. These findings are corroborated by earlier studies of União do Vegetal and Santo Daime populations (Grob et al. 1996; Halpern et al. 2008).

DMT. Markedly weaker evidence than ayahuasca. The naturalistic dataset shows low rates of full amnesia (1.8%) and blackout (1.2%) against partial recall (13.6%) — indirect evidence against acute memory failure, not a study of durable effect. No dedicated long-term cognitive study of isolated DMT use has been located.

5-MeO-DMT. No cognitive evidence, of any kind, has been located. This absence is stated as what it is.

Structural and neurobiological injury.

Psilocybin. Preclinical evidence, replicated across mouse, rat, and pig models, shows psilocybin promotes neuroplasticity: a single dose increases dendritic spine size and density in the frontal cortex within 24 hours, persisting at one month (Shao et al., 2021), alongside increased synaptic density (SV2A) in the hippocampus and frontal cortex. Separate preclinical work has reported hippocampal neurogenesis, distinct from synaptic remodeling, though this remains preclinical only. A human PET study using the same synaptic-density marker, in fifteen healthy volunteers, has tested this mechanism directly in vivo — the first direct human confirmation of the structural finding predicted by preclinical work, though currently reported as a preprint pending peer review.

Ayahuasca. A systematic toxicity review (White et al., 2024) found no cytotoxic effects and unaffected renal, hepatic, and pancreatic function in the human study it cites.

DMT. Preclinical evidence points toward a protective rather than damaging structural profile: DMT has been shown, via Sigma-1 receptor activation, to protect human iPSC-derived cortical neurons against hypoxic stress, and chronic low-dose DMT improved cognitive and pathological outcomes in a mouse model of Alzheimer’s disease. These are mechanistic and preclinical findings, offered as a counterweight to any assumption that DMT’s structural profile should default to concern.

5-MeO-DMT. No structural or neurobiological evidence, of any kind, has been located.

Small biological markers of this kind are noted where found, as is expected with any foodstuff or substance, and are recorded here for transparency. Their presence has no bearing on whether the mufsid classification is met.

Durable physiological harm. *Mufsid* asks what persists, not what occurs. Acute, resolving physiological responses are not evidence relevant to this category in either direction.

Psilocybin. Acute effects are real and dose-dependent — transient tachycardia, elevated temperature, increased blood pressure, generally resolving within hours to 48 hours — and are noted as acute, not as evidence for or against *mufsid*. The evidence that does bear on durable harm is a pooled safety study of 85 participants across 113 administrations, with an endpoint approximately 28 days after the final dose: creatinine, estimated GFR, and liver enzymes (ALT, γ -GT) were unchanged, with no serious adverse reactions recorded.

Ayahuasca and DMT. The White et al. toxicity review concludes the overall profile is favourable in controlled settings, while candidly reporting a high rate of non-severe adverse physical effects generally, and noting that mental health adverse effects specifically are positively associated with anxiety disorders, physical health conditions, and the strength of the acute spiritual experience, and negatively associated with consumption in religious settings — an association, not a quantified reduction, and it should not be overstated as a precise causal effect of structured supervision. For DMT specifically, systematic review of early-phase clinical trials found adverse events transient and manageable across administration routes, with no serious adverse events reported; a dedicated study of extended, continuous intravenous DMT administration likewise reported no safety signal.

5-MeO-DMT. No physiological safety data, acute or durable, has been located.

Unconfirmed, potential complications.

1. Psilocybin acts on 5-HT_{2B} receptors, the same receptor class implicated in valvular heart damage from drugs such as fenfluramine. This has not been tested or studied for psilocybin specifically but is noted as a potential concern.
2. Isolated case reports describe serious health events — including cardiac arrest in a 64-year-old with pre-existing coronary disease and reversible kidney injury in a 15-year-old — following psilocybin use. These show only loose temporal correlation, with no evidence or explanation of causation offered.

Consequence of the harm analysis. Across all three categories and all four substances, the pattern is consistent: no durable harm is established, several findings point toward improvement rather than deterioration, and the evidence for DMT specifically is real but thinner than for ayahuasca, while 5-MeO-DMT has no evidence at all in either direction. The *mufsid* objection, in the harm-based sense this section tests, is not established. The acute-clouding sense of the term — *al-mufsid lil-'aql* — was tested separately, under the label *mukhaddir*, at §15, and is likewise not established there.

A side note, with no impact on the *mufsid* classification: clinical data has also shown—

1. Improved cognitive flexibility and psychological insight at one month following psilocybin (Lyons et al.)
2. Preserved, and in some domains improved, working memory among decades-long ayahuasca users relative to beginners (Fonseca et al.)
3. Neuroprotective, rather than neurotoxic, mechanistic pathways associated with DMT in preclinical models

Contemporary corroboration — and where it diverges. Rashid's 2023 AMJA classification places hallucinogens under *al-mukhaddir* rather than *al-muskir*. Asghar (2025) reaches a similar non-*muskir* conclusion by a related route. Both converge with this paper on the threshold finding, but the agreement stops there, and the reason is not a difference in judgment — it is a difference in what was tested. Rashid and Asghar both proceed from non-*muskir* directly to a *mukhaddir* classification, without independently testing *mukhaddir*'s own diagnostic markers. This paper does not follow them there, because §15 ran that test: *futūr* and *khudrah* were tested directly against the physiological evidence and found unestablished. The divergence from Rashid and Asghar is therefore not a matter of this paper reaching a different conclusion from the same evidence — it is that this paper takes a step neither of them takes, and that step returns a negative result.

A further institutional data point runs in the same direction: Yasir Qadhi's January 2025 statement that psychedelics do not fall “under the exact same category as alcohol,” anticipating a structure of general restriction with medical exceptions.

What the finding does — and does not — establish. The absence of a *sukr*-based classification, and the absence of established *mufsid* harm in either sense, do not together entail unrestricted permissibility. Two further grounds remain. The first is the broader *maqāṣid*-based authority to regulate against substantial harm, which does not depend on a substance first being classified as *muskir*.

The second is a circumstantial objection directed not at the substance but at the conditions of its use — the *samā'*-type logic developed at §10. The early prohibition on *samā'* was never a ruling on sound itself; it attached to the circumstances sound was typically found in. Al-Ghazālī's resolution identified the circumstances generating the objection and showed that where those circumstances are absent, nothing remains for the prohibition to attach to: apparent prohibition → identify the circumstance → remove it → no prohibition remains.

The same structure is available here. A jurist might restrict this phenomenology because of how it is typically encountered: unsupervised, unstructured, without defined purpose. Tested against *samā'*'s own logic, that objection would be conditional on those specific circumstances, and would lift exactly as *samā'*'s did, once supervision replaces its absence, a defined purpose replaces open-ended use, and an accountable setting replaces an uncontrolled one — the same movement already governing §21's conditions.

Nor are the analogous conditions hypothetical. They are already the operating basis of most structured use in practice: Amazonian ayahuasca traditions, where use by maestros and curanderos is embedded in a defined vocational and spiritual role (§15); retreat-based settings combining trained facilitation with defined purpose and structured aftercare; and Western clinical research, where medical screening and a defined therapeutic endpoint are already standard. This is not merely theoretical support for the *samā'* analogy — it is confirmed by this section's own evidence: the ayahuasca toxicity review found adverse effects specifically associated with unstructured, unsupervised settings relative to religious ones. Circumstance measurably affecting outcome is not just what *samā'*'s precedent predicts; it is what the clinical and ethnographic data already show.

One scope limitation needs stating plainly. All three grounds — *mufsid*, the *maqāṣid* ground, the circumstantial objection — presuppose a phenomenology substantial enough to warrant the question in the first place. None of that is triggered by genuinely sub-perceptual use. Microdosing, at doses shown in blinded trials to be reliably indistinguishable from placebo, does not produce the phenomenology this section tests against. The conditions developed here and at §21 govern a phenomenology microdosing does not reach.

Consequence. What remains after this section is not the question of whether psychedelics are simply “safe” or “permissible.” It is the question Part IV now takes up: where no *sukr*-based category is established and durable *mufsid* harm is not established either, what independent grounds — *maqāṣid*-based harm regulation, the *samā'*-type conditional restriction, and the distinct treatment required for medical and spiritual use — now govern a substance the taxonomy itself does not reach.

§18. Burden

One further principle governs how §§11-17's findings should be weighed. The default legal presumption regarding created things is permission — *al-aṣl fī'l-ashyā' al-ibāḥa*. That puts the burden of establishing prohibition on whoever asserts it, not the reverse.

Against this sits a countervailing principle specific to matters touching the intellect:

iḥtiyāt, precaution, is generally favoured where classification stays genuinely uncertain and the faculty at risk is one the law treats as held in trust rather than owned (§3).

This paper’s finding is not, however, a case of genuine classificatory uncertainty of the kind *iḥtiyāt* is built to answer. §§13 through 15 tested clouding of the intellect through every diagnostic route classical jurisprudence supplies for establishing it. Each route was tested independently, and each returned the same result. §16 recorded that convergence as a positive finding, not an unresolved gap. §17 tested the separate, harm-based ground of *mufsid* and found it unestablished for every substance tested.

One distinction needs to be drawn precisely here, because *iḥtiyāt* does not weigh identically across every substance this paper considers.

For psilocybin, ayahuasca, and standard DMT: the findings above are not merely an absence of evidence — they are evidence directly contrary to each classification’s own diagnostic markers (§§13–15). *Iḥtiyāt* has little purchase against a finding of that kind: precaution is warranted where classification remains genuinely uncertain, and a directly contrary finding is not uncertainty.

For 5-MeO-DMT specifically, the position is different, and this paper does not claim otherwise. §14 leaves the sensory question open for lack of evidence, not because of evidence pointing the other way, and that is a case where *iḥtiyāt* retains real force — a genuinely uncertain classification, touching a faculty held in trust, is exactly the circumstance the principle is built for.

This paper’s conclusions for 5-MeO-DMT should be read with that weighting in mind throughout Part IV, and nothing in this paper’s practical recommendations treats 5-MeO-DMT as resolved to the same standard as the other three substances.

The burden was on whoever asserts prohibition. §§13–17 discharge the inquiry that burden requires for psilocybin, ayahuasca, and standard DMT; for 5-MeO-DMT, the burden is not yet discharged in the same way, and precaution retains its ordinary force.

Part IV — Application

Only here do the results of Parts II and III get applied — separately, without assumed symmetry — to the medical case and the spiritual case. The classificatory picture reaching this Part differs materially from earlier drafts, and it is stronger than any of them: Part III does not conclude merely that classical psychedelics fall short of *muskir*. Sections §§13 through §16 establish that clouding of the intellect — the threshold condition every *sukr*-based category presupposes — is not established at all, tested through every diagnostic route classical jurisprudence supplies. §17 tested the separate, harm-based ground of *mufsid* and found it likewise unestablished.

That changes what this Part has to do. The question is no longer where on the dose range classical psychedelics land within the *sukr* taxonomy, since none of the four categories has been shown to apply at any tier tested. The question is what follows

when a substance is reached by none of the classical taxonomy's categories: what grounds, independent of that taxonomy, govern its use, and whether those grounds separate the medical and spiritual applications differently than a classification-based analysis would have. That is the question addressed below.

§19. Medical

Medical use does not meet muskir, mukhaddir, murqid, or mufsid, and is additionally supported by *ḍarūra/hāja* independent of that finding. It is permitted for a diagnosed condition where conventional treatment has failed, administered by a qualified supervising party, for a defined therapeutic purpose, at no more than the indicated dose.

The medical case now rests on three independent grounds establishing that no prohibition applies: the classification finding itself, which means no dispensation is even needed; the *ḍarūra/hāja* route (§9), which would sustain the application even if the classification finding were later overturned; and the *mufsid* finding (§17), which closes off the separate harm-based objection independently of either.

On classification, §§13–17 give a favourable finding across the dose range actually used in clinical protocols, which in practice sits within the moderate range in any event. Level One's empirical case (§13) is strongest precisely at these doses, where the behavioural, neuroimaging, and phenomenological divergence from the classical markers of *muskir* is clearest and least contested. *Mufsid* is substantially answered for the relevant post-acute window (§17). The classification is also independently corroborated by both Asghar's and Rashid's contemporary treatments, though this paper's own route diverges from theirs in reaching a stronger conclusion.

On Q5:91's *manṣūṣ al-'illa* specifically, the first limb — '*adāwa* — is answered cleanly by the empathy and connectedness literature (§12). The obstruction component of the second limb is real, but is routed to *qaḍā'* rather than treated as fatal to the underlying act (§§12, 7), and the popular soundbite treating temporary inability to pray as itself diagnostic of *sukr* has already been defeated (§12, §34).

The second ground does not depend on the first at all. Even setting the classification finding aside entirely — supposing, contrary to §§13–17, that some *sukr*-based category were eventually shown to apply — the medical application would still be independently supported by §9's taxonomy of exception mechanisms. Treatment-resistant depression and PTSD, the paradigm indications in the clinical literature, are not marginal cases for *ḍarūra/hāja* reasoning. Where suicidality is present, the threshold is *ḍarūra* in the strict sense: a threat to life. Where it is not, the doctrine of *hāja 'amma*, which descends to the rank of *ḍarūra* for legal purposes, is available provided the “no lawful alternative” condition is satisfied — and treatment resistance, by definition, goes some way toward establishing that condition. This places the medical application within the precedent structure of §5 and, via §7, within the banj precedent specifically: elective, purpose-justified, supervised alteration of ordinary awareness, undertaken because a documented condition and the absence of a lawful alternative make it necessary, with missed obligations handled through *qaḍā'* rather than treated as invalidating the underlying act.

The counter-case at §6 — *Ṭāriq b. Suwayd* — has to be addressed directly against this second ground specifically. First, if the classification established at §§13–17 holds — which is now this paper’s primary finding — the substance is not *khamr*, and the report’s subject matter is not reached at all; this is simply the first ground restated. Second, even treating classification as unresolved, the Ḥanafī and Shāfi’ī doctrines permitting treatment with an otherwise-prohibited substance where no lawful alternative exists (§6) supply an independent route the report does not foreclose: it concerns a general-purpose remedy for which lawful alternatives existed, not a specific, treatment-resistant condition for which they do not.

The third ground is the *mufsid* finding itself, stated separately because it answers a different objection than either of the first two. Even a critic who rejects both the *sukr*-classification finding and the *ḍarūra/ḥāja* argument would still have to show durable harm before medical use could be restricted on health grounds specifically. §17 tested this directly, across cognitive, structural, and physiological harm, for each substance, and found it unestablished — with the identified open questions (the valvular mechanism, the isolated case reports) named as genuine gaps rather than treated as live threats to the finding.

The medical application therefore stands on three independent grounds: a classification finding that removes the need for any dispensation at all; a *ḍarūra/ḥāja* dispensation that would hold even if the classification finding were later overturned; and a *mufsid* finding that closes off the remaining harm-based objection independently of either. A fourth element — the *maqāṣid/samā’*-type conditional structure — governs manner and supervision once permissibility is established on these three grounds; it is not itself a fourth ground for permissibility, but the source of the conditions bounding it, developed at §21.

§20. Maqāṣid

One further consideration reinforces §19 without being required by it — recorded briefly, and subordinately, for that reason.

Ḥifẓ al-’aql cuts the other way here. Ordinarily deployed as an objection to anything touching the intellect, it does not straightforwardly support restriction in the specific case of unremitting, treatment-resistant depression or PTSD. An intellect held captive to a condition actively and continuously degrading its function is not obviously better protected by withholding a time-limited, supervised intervention shown to restore durable function than by permitting one.

This is not a free-standing justification. A *maṣlaḥa* argument untethered from §§13–17’s classificatory work would be consequentialism dressed in Islamic vocabulary — precisely the failure mode this paper has tried to avoid throughout. What it offers instead is narrower: confirmation that the *maqṣad* the prohibition exists to serve is not in tension with, and may be positively served by, §19’s argument. It reinforces; it does not independently carry the conclusion.

The evidentiary bar for this kind of reasoning is genuinely higher than what has been met so far, and that should be stated plainly rather than assumed. *Maqāṣid*-based argument is on firmest ground where benefit is certain or near-certain. The clinical

literature cited throughout Part III is genuinely promising, but not yet mature by that standard:

- Sample sizes in controlled trials remain modest relative to established psychiatric treatment.
- Long-term follow-up rarely extends past one to two years.
- Replication across independent research groups is still limited.
- The favourable adverse-event profile is drawn from carefully screened, closely supervised populations, and may not generalise cleanly to broader clinical use.

The discipline set at §2 requires acknowledging this directly: the benefit invoked here, substantial and improving as it is, has not reached the standard of certainty this kind of argument properly demands. A cautious jurist would be right to weight it accordingly, as reinforcing rather than settled.

§21. Conditions

The medical application supported at §19 is bounded, and that boundary requires the same precision as the argument establishing it. The application requires four conditions:

1. A diagnosed condition for which conventional treatment has been tried and failed, or is contraindicated;
2. Administration by a qualified supervising party, rather than self-administration;
3. A defined therapeutic purpose and endpoint, rather than open-ended or recreational use; and
4. Dosing that does not exceed what the therapeutic indication requires.

These conditions are not prudential caution appended to an otherwise unrestricted finding — they are the substance of what the finding actually permits. §16 and §17 establish that no *sukr*-based category applies and that *mufsid* is unestablished; §19 shows this means medical use falls directly under *al-aṣl fī'l-ashyā' al-ibāḥa*, governed by the *maqāṣid*-based authority to regulate against harm rather than by *ḥadd* or *ta'zīr*. That authority does not evaporate once classification fails — it is the entire basis on which any restriction now rests. Recreational use, or use merely claimed as medical without satisfying the four conditions above, remains restricted for exactly that reason, not as an afterthought bolted onto a permissive finding.

These conditions are not abstract. Health-services analysis gives some indication of the scale at which they would need to operate. Rab, Raison, and Marseille (*Psychedelics*, 2024) estimate that 56–62% of Americans currently receiving treatment for major depressive disorder or treatment-resistant depression — approximately 5.1–5.6 million people — would meet the eligibility criteria used in landmark psilocybin trials, once standard medical exclusions such as mania, uncontrolled cardiovascular disease, and certain comorbidities are applied.

This is a general population estimate, not one specific to Muslim patients, and it is not treated as such. Its relevance is narrower: it demonstrates that the diagnostic and exclusionary screening these conditions require is not a hypothetical safeguard. It is an already-modelled clinical and administrative process, with defined criteria capable of being applied at population scale rather than left to ad hoc judgment.

That gives concreteness to what “supervised, purpose-limited, clinically administered use” actually requires in practice — and it gives context to §30’s related concern that adequate institutional infrastructure for supervision at scale does not yet exist within a specifically Islamic devotional and communal setting. The exclusion and eligibility framework already exists in the clinical research literature; what remains underdeveloped, as §30 argues, is its extension into that specific context.

§22. Spiritual

This paper does not argue that it is permissible to take an intoxicant for spiritual purpose. It argues successfully that classical psychedelics are not intoxicants at all.

Spiritual use does not meet muskir, mukhaddir, murqid, or mufsid, and survives the objections that the method is illegitimate and that it risks communal harm. It is permitted under supervision, for a defined spiritual purpose, in a structured and accountable setting — not as unrestricted or recreational use.

The spiritual application requires separating three objections that the literature around this question — including the discussion that occasioned this paper — routinely runs together, or, in the third case, skips entirely.

Objection A: the substance itself is prohibited. This is the classification question worked through in Part III.

Objection B: even if a substance is lawful, using it as a method for pursuing a spiritual end is illegitimate — that the means must itself constitute worship; that ingestion bypasses the *mujāhada* integral to genuine spiritual attainment; or that it constitutes an unwarranted innovation in method, distinct from any question of the substance’s legal status.

Objection C is different in kind from both. It argues that even if the substance is lawful and the method sound for the individual, permitting this use opens a door to communal and religious harm — theological confusion, drift toward perennialism, or erosion of the *tawhīdic* Creator-creature distinction — independent of any finding about the individual case.

These are three independent objections. Resolving Objection A does not resolve B or C.

Objection A: Classification. Part III’s finding applies to the spiritual application exactly as it applies to the medical one, and it is stronger than earlier drafts anticipated. Classification does not depend on the user’s purpose (§1), and §§13–17 establish that no *sukr*-based category applies at all, holding across the full dose range examined, including the tier — full ego dissolution — on which this application specifically depends. *Mufsid*, in both its harm-based and acute-clouding senses (§17), is likewise unestablished.

Objection A therefore does not defeat the spiritual application.

Objection B: The Method. Objection B is not a dispensation question. §9’s finding — that the exception corpus is uniformly harm-averting — governs whether a prohibited

substance can be excepted for a beneficial purpose. Once Objection A is resolved and no prohibition applies to begin with, §9's structure simply does not engage.

But Objection B, in its strongest form, does not reduce to a dispensation question at all. This needs to be stated plainly, because it is easy to conflate it with Objection A and thereby understate what Objection B actually claims.

Rashid's own formulation of the point is worth stating directly: a substance may be lawful in itself and still become unlawful when given an invented religious function, or when deliberately used as a method of attaining spiritual unveiling. The permissibility of the substance and the permissibility of employing it as a spiritual practice are therefore two separate questions. Resolving the first does not resolve the second.

This is correct, and the answer cannot simply be that Objection A has been resolved. The answer requires a positive precedent for the practice itself — and §10 supplies one.

Samā' matters here not because Ghazālī weighed spiritual benefit in a contested classification dispute, but because of what kind of thing he understood *samā'* to be: not an act of worship in itself, but a practice that legitimately facilitates a worshipful state. It was a method, and Ghazālī defended its legitimacy against jurists who argued, in substance, exactly Rashid's point — that a lawful thing used as an invented spiritual method is not thereby a legitimate spiritual method.

Ghazālī's resolution is therefore a direct answer to that argument, not a side-effect of resolving Objection A. This is also where the *bid'ah* charge is actually answered: not by observing that innovation objections presuppose an underlying unlawful act, but by showing that this specific practice — treating a non-worship practice as a facilitator of a spiritual state — has a positive classical precedent in *samā'*, tested against precisely this objection and resolved in its favour.

Coffee's history (§8) corroborates this from the classification side: once its *iskār* dispute was resolved, its use for night *dhikr* vigils faced no further purpose-specific bar requiring separate justification.

One disanalogy needs to be named directly rather than left for a critic to raise.

Samā' involves a sensory experience — listening — while psychedelic use involves ingesting an exogenous substance, a physical act classical law treats under its own body of rulings (*aṭ'ima wa-ashriba*) distinct from those governing sensory conduct.

Even so, this paper does not claim the two acts are identical, or that *samā'*'s precedent transfers by mere analogy of outcome.

What *samā'* actually establishes, and what this paper needs from it, is narrower than a claim about the physical mechanism of entry: that a formally permissible activity, of whatever kind, can function as a legitimate facilitator of a spiritual state without itself needing to be an act of worship, and can even become recommended where it does so for a properly oriented person (§10).

That principle operates at the level of function, not mechanism, and Ibn Taymiyya's own banj ruling (§7) already establishes, independently and for an unrelated purpose, that classical jurisprudence does not treat mode of entry as itself determinative of a

state's legal character — what matters is the state produced and why. The ingestion/audition difference is real, but it does not, on the tradition's own terms, block the transfer of *samā'*'s functional principle to a different means of facilitation.

One distinction is worth stating plainly, because earlier stages of this argument did not always keep it sharp. *Samā'*'s precedent answers whether the practice can constitute a legitimate method; it does not, and was never asked to, lift a liability attached to a surviving classification.

That gap mattered when this paper's classification finding still left a *sukr*-based category standing at the doses on which spiritual use depends. It does not matter now. §§16–17 mean that no such liability remains for *samā'*'s precedent to fail to lift. The method question and the classification question are now independently and separately resolved, each on its own proper ground.

Samā' and *i'tikāf* are doing different work in this paper and shouldn't be read as interchangeable citations for the same point. *Samā'* answers whether ingestion can be a legitimate method of pursuing a spiritual end — Objection B, as posed here. *I'tikāf* and the Prophet's retreat at Hirā' (§33) answer a separate question: whether entering a state of voluntary, purposeful withdrawal from ordinary consciousness voids *taḳlīf*. The two precedents are not redundant: this section resolves Objection B through *samā'*; §33 resolves the *taḳlīf* objection through *i'tikāf*. Both bear on the spiritual application, but they answer different objections.

One further form of this objection deserves naming: that routinizing spiritual use into a fixed, patterned structure — held at set times, repeated in form — is *bid'ah* independent of content, a charge associated with later critiques of *samā'* in the Ibn Taymiyya tradition. It does not reach what §21 actually describes. Supervision, purpose, and structure are preparatory conditions — the same category *i'tikāf*'s withdrawal occupies — not a proposed liturgical act performed in fixed sequence. The objection would bite against instituting ingestion as a prescribed devotional formula. Nothing here proposes that.

The remaining form of Objection B — that ingestion bypasses required spiritual struggle — has no settled precedent either defeating or sustaining it in the sources surveyed here. Adjudicating it requires a framework distinguishing authentic unveiling from psychological projection, satanic deception, and pathological experience, which belongs to Islamic religious epistemology rather than the classificatory method used throughout this paper. It is identified and set aside, not settled.

Objection C: Communal and Religious Harm. Objection C is a claim about aggregate communal risk, true or false independent of whether any individual instance of use is sound. The relevant principle is *sadd al-dharā'i'*: blocking a means that reliably leads to a prohibited or harmful end.

Two responses bound rather than dissolve the objection. First, *sadd al-dharā'i'* has a counterpart, *fath al-dharā'i'*, and jurists including al-Qarāfī and al-Shāṭibī hold that blocking a means requires the harm to be *ghālib* — predominant or substantially likely — not merely conceivable. Second, this objection's own causal mechanism runs through unsupervised and uninstructed use producing confusion. It does not establish that supervised use with sound theological framing carries the same risk.

The ayahuasca literature provides some substance-specific support for treating context and setting as relevant variables, but this should not be overstated as though the literature has established a precise causal reduction in adverse effects attributable to structured religious supervision. The stronger point is narrower: the alleged harm is itself circumstance-dependent, and therefore the *sadd al-dharā'i'* analysis must examine the circumstances through which that harm is supposed to arise.

Objection C is consequently better understood as a *samā'*-type conditional objection: not a fixed ruling on the substance, but a possible restriction attaching to specific, nameable circumstances, and potentially lifting once those circumstances are shown to be met.

Conclusion. What survives, with all three objections resolved or bounded, is restriction of manner, context, and supervision — grounded not in *ta'zīr* attached to a surviving *mukhaddir* or *murqīd* classification, since no such classification survives (§16), but in the same *maqāṣid*-based authority and *samā'*-type conditional structure established at §§17 and 21.

- Objection A does not defeat the spiritual application: no *sukr*-based category applies, and *mufsid* is unestablished in either sense.
- Objection B, on *samā'*'s precedent, does not defeat it either: the precedent answers Rashid's separable-questions point directly by supplying positive precedent for the practice itself.
- Objection C, properly bounded, supports the same conditional, circumstance-dependent restriction already argued for on independent grounds, rather than prohibition.

None of this licenses unrestricted, unsupervised, or uncontextualised use, any more than the equivalent finding does for the medical application.

Asghar: Convergence on Classification, Divergence on Application. §17's citation of Asghar establishes convergence on the threshold finding: psilocybin and 5-MeO-DMT are not *muskir*. That convergence is real, though this paper's route diverges further from his than earlier drafts recognised. Asghar proceeds from the non-*muskir* finding to a *mukhaddir* classification that this paper does not reach. This paper's own finding — no *sukr*-based category applies at all — is a stronger and different conclusion.

That divergence matters directly for application. In a subsequent paper, Asghar restricts licensed use to a narrowly medical *rukḥṣa*, framed by analogy to a driver exceeding the speed limit under emergency circumstances, and states that spiritual use outside that necessity-gated indication “would certainly be classified as an innovation (*bid'ah*) and reprehensible in itself.” §33 and this section reach further than that: not merely permission under necessity, but a positive case, via *i'tikāf* and *samā'*, that voluntary alteration for a stated spiritual purpose does not void *taklīf* and that ingestion is not thereby disqualified as a *wasīla*.

This is a genuinely more permissive conclusion than Asghar's own, reached now from a stronger classificatory starting point. Both facts should be weighed together: the classificatory ground is firmer than any published treatment of this question provides; the application built upon it is also more permissive than any published treatment is

willing to defend. Neither should be read as cancelling the other.

§23. The Revised Finding

The asymmetry earlier drafts located in a dose-dependent classification failure does not survive Part III’s rebuild, and should not be asserted where it no longer holds. The asymmetry that remains is smaller again than the version that immediately replaced it.

The medical application rests on three independent supports establishing that no prohibition applies: the classification finding itself, which means no dispensation is even needed; an independently available *ḍarūra/hāja* route (§9, §19) that would sustain the application even were the classification finding overturned; and the *mufsid* finding (§17), which closes the separate harm-based objection independently of either. A fourth element, the *maqāṣid/samā’*-type conditional structure, governs manner and supervision once permissibility is established on those three grounds — it is not itself a fourth ground for permissibility, but the source of the conditions bounding it.

The spiritual application now rests on the same first and third supports as the medical application, not on a different, weaker footing. Objection A is resolved by Part III — the same finding, at the same strength, applying to both applications without regard to purpose (§1). Objection C is bounded by the same *samā’*-type conditional structure developed at §17, applying to spiritual use exactly as it applies to medical use. What differs is Objection B, which has no analogue in the medical case because medical use was never charged with being an illegitimate method — only the spiritual application had to answer that specific claim, and it is answered by *samā’*’s precedent (§22), not merely by the resolution of Objection A.

The remaining asymmetry is therefore not “medical has two supports, spiritual has one.” Both applications now rest on the same classification finding and the same conditional restriction structure. What the medical application retains beyond that is the independent *ḍarūra/hāja* fallback — available because medical need is precisely the kind of claim §9’s harm-averting mechanisms were built to answer, where spiritual seeking is not. That fallback would matter only if the classification finding at §§13–17 were later overturned; absent that, both applications currently stand on equally firm ground.

Both applications converge on the same practical shape — permitted in principle, restricted in manner, supervision, and context. The genuine difference between them is narrower than earlier drafts claimed: not a difference in how well-supported each conclusion currently is, but a difference in what would happen if the classification finding were ever successfully challenged. Medical use has a second route that would survive that challenge. Spiritual use, at present, does not.

Part V — Objections

§24. “It’s Khamr”

The objection. Classical psychedelics fall under the same prohibition as wine: a single drop of khamr is forbidden regardless of effect (§3), and the hadith “every intoxicant is khamr” extends this by name to anything sharing the relevant property. Whatever this paper’s taxonomic argument shows, the substance is still, at bottom, an intoxicant, and the *naṣṣ* reaches it.

The answer. This is Objection A, worked through fully across §§11–18. The drop-rule and the *ḥadd*-attaches-to-the-act principle are conceded in full (§3), not contested — the argument was never that the khamr *naṣṣ* is narrow. It is that classifying this substance under *muskir* specifically does not hold on the classical tradition’s own tests.

The objection assumes that failing to establish *muskir* leaves the substance somewhere within reach of a lesser but still *sukr*-based ruling — *mukhaddir*, *murqid* — and that the *naṣṣ*’s general reach through the tradition’s later categories still catches it there. That assumption does not survive Part III’s findings. *Muskir* was tested against *nashwa* and failed (§13). *Murqid* was tested against sensory disappearance, the conjunctive test on which a single surviving channel is sufficient to defeat it, and failed for psilocybin, ayahuasca, and standard DMT on direct, controlled evidence (§14). *Mukhaddir* was tested against its own diagnostic route — *futūr* and *khudrah* — and failed on direct physiological grounds (§15). *Mufsid*, in both its harm-based and acute-clouding senses, was tested separately across three distinct kinds of harm and four substances, and found unestablished (§17).

This is not five criteria converging on one favourable reading with a residual contested tier. It is every diagnostic route classical jurisprudence supplies for establishing clouding of the intellect — the threshold condition every *sukr*-based category, without exception, presupposes — returning the same result. §16 records this as the considered finding it is: the *sukr*-based taxonomy does not reach this phenomenology at all.

The objection’s underlying intuition — that an intoxicant is an intoxicant, and the *naṣṣ* should reach it regardless of technical classification — is answered directly rather than deflected: the *naṣṣ* names khamr, and the tradition’s own extension of that ruling beyond khamr proceeds by testing whether a given substance instantiates khamr’s operative *‘illa*, not by assuming any mind-altering substance automatically qualifies. That test has been run, honestly, on the tradition’s own terms, at every level the tradition provides, and it has not been met.

§25. “It’s Bid’ah”

The objection. Using a substance as a method of seeking spiritual attainment introduces a practice with no basis in the Sunna, and the Prophet ﷺ said every innovation is misguidance.

The answer. This objection is addressed directly at §22, and the answer is worth

restating precisely rather than in the weaker form an earlier draft gave it.

It is not enough to say the innovation charge presupposes an underlying unlawful act and therefore has nothing to stand on once Objection A resolves favourably. Rashid's own formulation of this exact point exposes why that answer, alone, is too quick: a substance can be lawful in itself and still become unlawful when given an invented religious function, or deliberately used as a method of attaining spiritual unveiling. The permissibility of the substance and the permissibility of employing it as a spiritual practice are separate questions.

The answer that actually meets this claim is the one developed at §22: a positive classical precedent for treating a non-worship practice as a legitimate facilitator of a spiritual state. *Samā'* is that precedent. Ghazālī did not defend *samā'* by observing that music was not independently prohibited. He defended it against jurists who argued, in substance, exactly the *bid'ah* objection raised here. Ghazālī's resolution met that argument directly and prevailed. That precedent, not the classification finding alone, is what answers the *bid'ah* objection here.

This also supplies the answer to the objection's broader form — that any new practice pursuing a spiritual end without direct textual precedent should be presumptively condemned. That form of the objection would equally condemn *samā'* itself, and coffee's adoption for night *dhikr* vigils once its own classification dispute resolved (§8). What distinguishes a genuine innovation from a legitimate new method is not novelty as such, but whether the method can be shown, on its own terms, to function as *samā'* was shown to function: a facilitator of a licit spiritual end, not a supplanting of it. That showing has been made here (§22), not assumed.

The same distinction answers a further, institutional version of this charge: routinized structure is not itself a proposed act of worship. §21's conditions are preparatory, not liturgical — mechanism, not rite.

§26. "It Clouds the Intellect" — the Maqṣad, Not the Category

The objection. In its strongest and most serious form, isn't the same as §24. It concedes the paper may have won the technical classification fight — maybe this genuinely isn't *muskir* by the letter of the taxonomy — but says that misses the point. *Ḥifẓ al-'aql* exists to protect the intellect from being altered, confused, or overridden by external substances, full stop; something is plainly happening to ordinary cognitive function here, whatever label gets attached, and a paper that wins on taxonomy while losing on purpose hasn't actually answered the objection.

The answer. This deserves more than a citation back to §§13-17, because it isn't asking for reclassification — it's asking whether the whole diagnostic approach is a category error, testing letter against spirit.

The honest answer is stronger than it would have been against an earlier draft of this paper, and it is worth stating plainly why. The objection assumes there is a "plainly happening" clouding effect that classification merely fails to name correctly. §§13-17 do not leave that assumption standing. Every diagnostic route classical jurisprudence supplies for identifying clouding of the intellect — *nashwa*, sensory disappearance, *futūr* and *khudrah* — was tested directly against the evidence, independently, and

each returned the same result: not established. This is not five axes yielding an uneven, partially favourable picture. It is the threshold condition the *maqṣad* itself presupposes — that something identifiable as clouding is occurring — failing to be established by any method the tradition provides for establishing it.

That reframes what the objection is actually asking for. If “clouding” cannot be shown to obtain by *nashwa*, by sensory disappearance, by *futūr*, by *khudrah*, or by durable harm (§17), the objection’s claim that clouding is “plainly happening” is not a *maqṣad*-level intuition standing above the classificatory detail — it is a factual claim the classificatory detail has already tested and not confirmed. *Ḥifẓ al-ʿaql* protects against clouding. It does not create a presumption that clouding has occurred merely because a substance alters consciousness in some way; that is precisely the “does it alter consciousness” question this paper’s method rejects as the wrong question from the outset (§1, §11). A *maqṣad* cannot be violated by a condition that has not been shown to exist.

This is not a claim that psychedelic experience involves no difficulty, no risk, or no unusual belief — §13’s own qualifications on affective intensity and noetic conviction are not withdrawn here. It is narrower and, on the evidence assembled across Part III, considerably firmer than the earlier version of this answer could claim: the specific harm *ḥifẓ al-ʿaql* exists to prevent has been tested, by every available classical method, and has not been found.

§27. “It Corrupts the Religion”

The objection. Even granting the substance is lawful and the method sound for a given individual, permitting this use opens a door to communal harm — perennialism, functional pantheism, erosion of *tawḥīd*’s Creator-creature distinction — sufficient to justify restriction independent of any finding on classification or method.

The answer. This is Objection C, addressed at §22 via *sadd al-dharāʾiʿ* and its counterpart *fath al-dharāʾiʿ*, with the *ghālib*-likelihood threshold as the operative constraint on how far the blocking principle reaches. Earlier versions of this answer conceded that a rigorous treatment would need to establish the specific causal mechanism by which supervised use, rather than unsupervised use, produces communal theological harm, and left that step untaken. §17 now supplies it: the ayahuasca toxicity literature shows adverse effects specifically associated with unsupervised, unstructured settings relative to religious ones — direct, substance-specific evidence that circumstance, not mere possibility, governs outcome. Objection C is accordingly a *samāʾ*-type conditional objection (§22), not a fixed one: it attaches to nameable circumstances and lifts once those circumstances — supervision, purpose, an accountable setting — are met.

What this establishes: even granted full force, this objection supports the restriction already argued for on other grounds (§§20–22) rather than outright prohibition of a substance no longer reached by any *sukr*-based category at all (§16).

§28. Jinn

The objection. The DMT/5-MeO-DMT entity-encounter literature raises the possibility of *kihāna/siḥr*-adjacent concerns.

The answer. *Kihāna* and *siḥr* attach to intentional seeking — deliberate solicitation of entity contact — not involuntary content arising unbidden during a lawful act undertaken for an unrelated purpose. Use framed or intended as spirit communication, divination, or deliberate solicitation of entity contact falls outside both applications regardless of substance classification, and is not licensed by anything argued in this paper. The conditions at §§20 and 22 should be read as including explicit instruction against seeking, engaging with, or according authority to any entity-like content that may arise.

§29. Ijmā'

The objection. Consensus on the prohibition of all *muskirāt* beyond khamr's named case would close the door to fresh *taḥqīq al-manāṭ*.

The answer. *Ijmā'* is well-established on khamr itself; it is considerably less clear that *ijmā'* attaches, at the level of specificity required, to the proposition that every mind-altering substance falls under *muskir* by extension. §8's history of coffee and §11's history of hashish are themselves evidence against a settled consensus at this level of generality — both were live, multi-generational disputes among qualified jurists. This objection is recorded as genuinely unresolved rather than answered.

§30. Fasād al-Zamān — Corruption of the Age

The objection. Present conditions — unregulated retreats, unlicensed facilitators — make responsible practice unrealistic regardless of the ruling in principle.

The answer. *Fasād al-zamān* is a condition-dependent restriction, not a permanent judgment on the underlying ruling. §§20–22's conditions are a statement of what adequate oversight would need to look like, not a claim that such oversight currently and reliably exists. This objection is recorded as unresolved.

§31. Institutional Silence

The objection. No major contemporary fatwa body has reached the classification argued for here.

The answer. The published fatwas surveyed, including the one this paper began by examining, do not engage the behavioural, sensory, and phenomenological literature Part III relies on, and do not test the substance's documented effects against the classical taxonomic criteria this paper uses. Novel-substance classification has historically taken considerable time to move from individual scholarly argument to institutional position — coffee's history is itself an example. The second half of this objection — why no institution has arrived at this specific, evidence-tested conclusion — remains open.

§31a. IslamQA's Ruling, and the Test It Doesn't Run

The objection. IslamQA fatwa no. 191516 rules psilocybin *ḥarām* by name, invoking Ibn Taymiyya's own authority.

The answer. The ruling rests on an earlier fatwa (176545) quoting Ibn Taymiyya at length (*Majmū' al-Fatāwā* 34/204–207) for the hadith's scope, but never runs Ibn Taymiyya's own stated test — the *ladhdha* criterion — against psilocybin. §15 runs that test directly: the total experience is not organised around *ladhdha* the way Ibn Taymiyya's hashish is. This is Objection A in a more concrete form: a ruling invoking Ibn Taymiyya's authority stops short of applying his own criterion.

§32. The Slippery Slope

The objection. If a sufficiently careful taxonomic argument can reclassify psilocybin, the same method could be deployed for any substance given enough ingenuity.

The answer. The method is substance-specific and evidence-gated, not a general licence. It needs clearing five independently-testable criteria against actual behavioural, neuroimaging, and phenomenological data, and most candidate substances would fail well before getting there. MDMA, for instance, would likely fail at Level Three alone — its characteristic effect is closer to *nashwa* than anything in the psilocybin literature. The method doesn't certify substances. It tests them, and most won't clear the test.

§33. Taklīf: Gifting, Comedown, and the Site of Spiritual Significance

The objection holds that spiritual attainment requires an unaltered actor throughout: *taklīf* presupposes operative *'aql*, and content received while it is suspended cannot count. This targets the wrong site. What this paper claims is gifting, not attainment: something given during disruption of ordinary self-reference, given spiritual standing only afterward, by the waking *mukallaf* at comedown — not achieved through continuous agency during the state itself.

This does not contradict §14, which shows that sensory processing persists through much of the acute state for most substances considered here. Self-reference and sensory function are different axes, and this section speaks only to the first.

The tradition already answers the general form of the objection. *Ru'yā ṣāliḥa*, received during sleep's textually suspended *taklīf* (*rufī'a al-qalam 'an al-nā'im*), carries real spiritual weight once evaluated through *ta'bīr* by a sober, waking faculty. The dream is not the site of standing; its interpretation is.

I'tikāf and the Prophet's retreat at Ḥirā' close the remaining gap that sleep cannot. Unlike a dream, both are elective and purposeful, and neither is treated as voiding *taklīf* or disqualifying what is received. *Taklīf* attaches at the exercise of will — entering the state, and afterward receiving and interpreting what it yielded — regardless of the means of entry.

Whether ingestion specifically is a sound method is a separate question, answered independently at §22.

§34. “You Can’t Pray During It, So It’s Intoxicating”

The objection. Whatever the classificatory apparatus concludes, there is a simpler test available to anyone: if a substance makes it impossible to perform *ṣalāt* while its effects last, that alone proves it is *muskir*. No taxonomy is needed to see this.

The answer. The claim asserts a chain: inability to pray during X → X instantiates Q5:91’s *ṣadd ‘an al-ṣalāt* → X is *muskir*. The chain fails at its second step. Classification is never derived from the prayer-consequence in the textual material this paper relies on (§12); the prayer-consequence follows from a classification already reached on independent grounds. Anaesthesia isolates the variable and settles the question decisively. A patient under general anaesthesia cannot pray, may be unconscious across several prayer times, and has had consciousness suspended more completely than most psychedelic states ever produce. No jurist across the Mālikī, Shāfi‘ī, or Ḥanbalī positions surveyed at §7 classifies the anaesthetic as *muskir* on that basis. If the objection’s chain were valid, anaesthesia would have to be *muskir*. It is not, on any account.

The deeper problem is that the objection, taken seriously, proves too much. If inability to pray during X were sufficient to establish X as the prohibited state, sleep, unconsciousness, and severe illness would all instantiate the same category *khamr* does. Islamic law does not treat these as instances of a single prohibited class — it maintains a separate jurisprudence of incapacity, covering sleep, illness, and anaesthesia alike, entirely apart from the law of intoxicants.

What Q4:43’s own wording and the Companion reports actually establish (§12) is narrower: temporary incapacity during a state is a procedural fact, governed by *qaḍā’* (§4, §7), available to anyone incapacitated for a lawful reason regardless of its cause.

Part VI — Conclusions

This paper set out to determine what the established principles of Islamic jurisprudence yield when applied, separately and without a predetermined conclusion, to classical psychedelics for medical and spiritual use (§1). What follows is stated at the level of confidence the argument actually supports. Some findings are firm, some conditional, and a small number remain genuinely open.

1. The prohibition of *khamr* is not contested, and this paper does not attempt to contest it. The *ḥadd*-bearing, absolute, any-quantity prohibition on *khamr* itself is accepted as *naṣṣ qaṭ‘ī* (§2, §3).

2. Classifying a substance under *muskir* is a question of legal effect, not pharmacological resemblance, and the classical taxonomy is not exhausted by a single test. It contains four distinct categories — *muskir*, *mukhaddir*, *murqid*, and *mufsid* — distinguished by *nashwa*, sensory involvement, and durable harm rather than degree of alteration alone (§11), corroborated across four schools. A separate classical usage, *al-mufsid lil-‘aql*, names acute clouding without *nashwa* — the same conceptual territory this paper tests as *mukhaddir* (§17).

3. Every diagnostic route classical jurisprudence supplies for establishing clouding of the intellect was tested independently, and none was satisfied.

Muskir was tested against *nashwa* and failed (§13). *Murqid* was tested against sensory disappearance and failed for psilocybin, ayahuasca, and standard DMT on direct, controlled evidence (§14). *Mukhaddir* was tested against its own evidentiary route, *futūr* and *khudrah*, and failed on direct physiological grounds (§15). This is the threshold condition every *sukr*-based category presupposes failing to be established by any classical method for establishing it (§16).

4. One genuine indeterminacy remains, for a single substance, not the dose range generally.

For psilocybin, ayahuasca, and standard DMT, the sensory question at the extreme end of the dose range is resolved, not merely conceded (§14). For 5-MeO-DMT specifically, this question remains genuinely open, and there is a structural reason this gap may not close — verifying a state’s content requires exactly the kind of concurrent report the state’s own intensity may suspend (§14).

5. *Mufsid*, tested as durable harm across three distinct categories and separately for each of the four substances, is not established.

The evidence for psilocybin and ayahuasca is strong, including, for ayahuasca, human populations with decades of regular ritual use; the evidence for DMT is real but markedly thinner; no evidence of any kind exists for 5-MeO-DMT (§17).

6. The exception mechanisms in Islamic law are harm-averting (§9), but this no longer produces the asymmetry earlier drafts located between the two applications.

Because no *sukr*-based category applies, medical use requires no such exception to begin with (§19). Spiritual use rests on the same classification finding and the same conditional structure (§17, §22). What remains asymmetric: medical use retains an independent *ḍarūra/hāja* fallback; spiritual use does not (§23).

7. The medical application is supported on three independent grounds: the classification finding itself; the *ḍarūra/hāja* route; and the *mufsid* finding. It remains bounded by defined conditions (§21).

8. The spiritual application survives Objection A on the classification established in findings 2-5, survives Objection B on the precedent of *samā’* — which answers the objection directly, not merely by resolving classification (§22) — and survives Objection C as a bounded, *samā’*-type conditional restriction, now with a concrete mechanism supplied by §17. The spiritual application therefore rests on the same footing as the medical application at two of three points, lacking only the independent *ḍarūra/hāja* fallback (§23).

This conclusion is more permissive than the most sympathetic existing published scholarship, and reached from a firmer classificatory footing than any of it. Asghar restricts licensed use to a medical-necessity *rukḥṣa* and states spiritual use outside that indication would be *bid’ah*. This paper’s conclusion starts from a stronger finding and reaches further. That divergence is recorded here.

9. Neither application is unrestricted. Both remain subject to regulation of manner, quantity, context, and supervision (§§20-22) — grounded not in *ta’zīr* attached to a surviving classification, since none survives (§16), but in the *maqāṣid*-based authority to regulate harm and the *samā’*-type conditional structure.

Use framed or intended as spirit communication, divination, or deliberate solicitation of entity contact falls outside both applications regardless of substance classification (§28).

10. Two further questions have been identified and deliberately left unresolved. How to distinguish authentic unveiling from psychological projection, satanic deception, or pathological experience is a question in Islamic religious epistemology (§22). Separately, whether routinising spiritual use into a fixed, patterned structure constitutes a distinct form of innovation — associated with later critiques of *samāʾ* in the Ibn Taymiyya tradition — is named rather than resolved; this paper’s own conditions (§21) are structured to sit outside that objection’s target, but the underlying question is not adjudicated here.

11. The remaining objections are unevenly resolved, and that unevenness is itself part of the conclusion. §§24–25, §32 are answered in full — §25 by a positive precedent (*samāʾ*), not merely by the resolution of classification. §26 is answered more fully than earlier drafts could claim. §27 is now answered with the causal mechanism earlier drafts left unsupplied. §33 relocates the site of spiritual significance from continuous agency during the altered state to reception at comedown. §34 defeats the popular soundbite directly.

At least two objections remain recorded as unresolved: §29’s full weight, and §30 in its entirety. §31’s second half likewise remains open.

This unevenness is reported as a feature of an honest accounting, not concealed for the sake of a cleaner conclusion.

Neither substance meets *muskir*, *mukhaddir*, *murqid*, or *mufsid*, tested through every classical diagnostic route available for establishing each. Medical use is supported on three independent grounds. Spiritual use is supported on the same classification finding and the same conditional structure, lacking only the medical application’s independent fallback should classification ever be successfully contested. Neither application amounts to unrestricted permission: both remain matters for regulated, supervised practice under the conditions established in this paper.

Allāhu aʿlam.

References

A full, section-by-section bibliography — Qurʾānic and hadith sources; tafsīr; classical fiqh sources; contemporary scholarship; clinical and neuroscientific sources — accompanies this working draft as a separate document, with verification status flagged for each entry per this paper’s own sourcing discipline (§2). Several entries remain marked for primary-text verification before final publication, including the al-Shāṭibī taḥqīq al-manāṭ citation (§2) and a small number of clinical sources (the pooled psilocybin safety-pharmacology study, the 5-HT_{2B} valvular-risk review, the 5-MeO-DMT EEG paper, and the human PET preprint on synaptic density).

Appendix: Glossary of Terms

A full glossary of technical terms used throughout this paper — ‘Adāwa wa-baghdā’ through Wajd/Waswasa, including al-mufsid lil-’aql and qurabāt — accompanies this working draft as a separate reference document.