FETIFORM TERATOMA: GOD-CREATED MAN WITHOUT FATHER?

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Abstract: *Fetiform teratoma, also known as* homunculus*, represents one of the most extraordinary and diagnostically challenging entities in surgical pathology. Fetiform teratomas result from neoplastic processes of germ cells, while fetus-in-fetu arises from aberrant embryogenesis, specifically the inclusion of a parasitic monozygotic twin, and common locations of fetiform teratoma include the ovaries, retroperitoneum, and sacrococcygeal region, with clinical presentations varying from neonatal masses to pelvic pain in adults. We present a case of a 27-year-old Indonesian woman (gravida 1, para 0), Karo ethnicity, presented with abdominal enlargement. She underwent a laparotomy and left ovarian cystectomy. The ovarian cyst was as described as a10 x 9 x 7 cm cyst, smooth, brown, reddish-black cyst, when dissectioned resembles a 8.5 x 7 x 5 cm fetus. On microscopic examination it was found head appeared bones, cartilage, nerves, ganglia, and choroid plexus; back appeared skin, skin adnexa, and fat; abdomen appeared umbilical cord orifice, digestive tract with complete muscular tube; and cross section of umbilical cord appeared digestive tract and 2 blood vessels. This serves as further evidence of the truth of the sacred verses of the Qur'an, which state that it is not impossible for a child to be born to a mother who has never been touched by a man, for if Allah wills it by merely saying, 'Be,' then so shall it be. Scientific views are also presented which prove the truth and relevance of Surah Al-Mu'minun verses 12-16, Surah Ath-Thariq verses 6-7, and Surah Al-'Alaq verses 1-2 to the creation of humankind.*

Keywords: *Father, Fetiform Teratoma, Islamization of Knowledge, Pathology*

Introduction

Fetiform teratoma, also referred to as *homunculus* (Latin: "little man"), represents one of the most extraordinary and enigmatic entities in the field of surgical pathology and oncology. Fetiform teratomas are rare tumors that mimic malformed fetuses, posing significant diagnostic challenges, particularly when differentiating them from fetus-in-fetu (FIF) (Palo et al., 2025). Mature fetiform teratoma, is a term coined for a rare variant of teratoma with a prevalence of 0.01% of teratomas, and there have been very few cases reported in the world (Cáceres-Farfán et al., 2023). Teratomas, derived from the Greek words "teras" meaning monsters and "onkoma" meaning swelling or tumor, contain multiple types of differentiated tissues, complete with hair, teeth, skin, and, in some cases, thyroid tissue (Pace, Sacks, Goodman, Tagge, & Radulescu, 2021).

When such differentiation reaches the highest degree of organization, the resulting structure bears an uncanny resemblance to a malformed human fetus, hence the designation of fetiform teratoma. Imaging typically reveals complex masses with solid-cystic components and calcifications, while histopathology demonstrates tissues from all three germ layers, including rare elements such as thymic or retinal tissue. Common locations of fetiform teratoma include

the ovaries, retroperitoneum, and sacrococcygeal region, with clinical presentations varying from neonatal masses to pelvic pain in adults (Palo et al., 2025).

From a pathogenetic standpoint, it is believed that mature teratomas arise from the parthenogenetic development of a single primordial germ cell that has completed the first meiotic division, as studies have determined that they are always homozygous, unlike normal tissues, which are heterozygous (Cáceres-Farfán et al., 2023). The rarity of this entity, combined with its remarkable morphological complexity, continues to captivate researchers and clinicians across the disciplines of pediatric surgery, gynecology, radiology, and pathology.

Islam, as a comprehensive way of life grounded in divine revelation, provides a remarkably detailed account of human creation that resonates profoundly with modern embryological science. The Holy Qur'an, revealed more than fourteen centuries ago, articulates the sequential stages of human development with precision that scholars and scientists have recognized as scientifically congruent. Specifically, Surah Al-Mu'minun (Chapter 23), verses 12 through 1, presents this process with extraordinary clarity:

وَلَقَدۡ خَلَقۡنَا ٱلۡإِنسَٰنَ مِن سُلَٰلَةٖ مِّن طِينٖ ١٢

12. And indeed We created man from a quintessence (derived) from clay.

ثُمَّ جَعَلۡنَٰهُ نُطۡفَةٗ فِي قَرَارٖ مَّكِينٖ ١٣

13. Then We placed him as a sperm-drop in a firm lodging.

ثُمَّ خَلَقۡنَا ٱلنُّطۡفَةَ عَلَقَةٗ فَخَلَقۡنَا ٱلۡعَلَقَةَ مُضۡغَةٗ فَخَلَقۡنَا ٱلۡمُضۡغَةَ عِظَٰمٗا فَكَسَوۡنَا ٱلۡعِظَٰمَ لَحۡمٗا ثُمَّ أَنشَأۡنَٰهُ خَلۡقًا ءَاخَرَۚ فَتَبَارَكَ ٱللَّهُ أَحۡسَنُ ٱلۡخَٰلِقِينَ ١٤

14. Then We made the sperm-drop into a clinging clot, and We made the clot into a lump [of flesh], and We made [from] the lump, bones, and We covered the bones with flesh; then We developed him into another creation. So blessed is Allah, the best of creators.

ثُمَّ إِنَّكُم بَعۡدَ ذَٰلِكَ لَمَيِّتُونَ ١٥

15. Then indeed, after that you are to die.

ثُمَّ إِنَّكُمۡ يَوۡمَ ٱلۡقِيَٰمَةِ تُبۡعَثُونَ ١٦

16. Then indeed you, on the Day of Resurrection, will be resurrected (QS. Al-Mu'minun: 12–16).

These verses describe a multistage embryological progression, from the extraction of fundamental elements (*sulalatin min tin*), to implantation (*nutfah fi qararin makin*), then to the sequential transformation through 'alaqah (a clinging clot), mudghah (a lump of flesh), and finally the formation of bones clothed with flesh, a sequence that maps closely onto the recognized stages of human embryonic development described by modern science. Scholars of Islamic medicine, including Professor Keith Moore and others, have recognized the remarkable alignment between Qur'anic descriptions and contemporary embryological knowledge (Mohammad, 2020). This divine account of creation establishes the foundational principle that human life is a deliberate, sequential, and sovereign act of Allah SWT, a principle that takes on renewed significance when confronted with exceptional biological phenomena such as fetiform teratoma.

Among the most profound theological affirmations in Islam is the absolute omnipotence of Allah SWT (*Qudratullah*), His unlimited capacity to create by His command alone, transcending all biological and natural laws that He Himself has established. The Qur'an unequivocally affirms that Allah created the human species through diverse means, and that the normative biological process of sexual reproduction is but one of His creative mechanisms. The most celebrated Qur'anic example of creation without paternal involvement is the miraculous birth of Prophet Isa ibn Maryam (Jesus, son of Mary), peace be upon him. Allah SWT states: *"She said, 'My Lord, how will I have a child when no man has touched me?' [The angel] said, 'Such is Allah; He creates what He wills. When He decrees a matter, He only says to it, "Be," and it is.'"* (QS. Ali 'Imran: 47). The Qur'an further clarifies: *"Indeed, the likeness of Jesus to*

Allah is as the likeness of Adam. He created Him from dust; then He said to him, 'Be,' and he was." (QS. Ali 'Imran: 59). These verses establish the theological precedent that Allah SWT is not bound by the conventional necessity of paternal genetic contribution in the formation of a human being. Just as Adam AS was created from clay without father or mother, and Isa AS was born without a father, these divine realities remind believers that biological processes exist within the will and permission of Allah, and that deviations from biological norms, whether miraculous or pathological, ultimately reflect the vast and incomprehensible power of the Creator.

The theological narrative of fatherless creation finds a striking, albeit imperfect, biological parallel in the phenomenon of fetiform teratoma. It is a well-established fact that this tumor develops from totipotent germ cells of the ovary with no paternal contribution and consequently contains all three germ cell layers: ectoderm, mesoderm, and endoderm (Sima, Kumar, Gourisankar, & Charan, 2008). Genetic studies have provided compelling molecular evidence for this fatherless origin: the fetiform teratoma was homozygous at all loci, with meiotic recombinations confirmed by SNP microarray analysis, and methylation analysis indicated that the tumor had unmethylated IGF2-H19 DMR alleles only, indicating that it was a parthenogenetic tumor arising from a mature ovum (Miura et al., 2017). This extraordinary genetic finding demonstrates that a structure resembling the basic architecture of a human fetus can arise entirely from maternal genetic material, without any paternal genomic contribution. Some teratomas may achieve such a high order of organization that the basic human body plan is present (although not functional), with imperfect head, limbs, and other structures, which is not viable (Carli & Pereira, 2017). From a bioethical and Islamic theological perspective, this phenomenon invites profound reflection: that the mechanism of parthenogenetic germ cell development, producing a fetiform structure entirely from maternal DNA, may be understood as a small, pathological, and non-viable glimpse into the divine power that Allah exercised in the creation of Prophet Isa AS. The fetiform teratoma, while a tumor and not a living being, demonstrates that biological systems contain within them the latent capacity for fetal-like morphogenesis in the complete absence of a father, in the miraculous case of Isa AS, was brought to full and perfect fruition by divine command alone.

Despite the growing body of literature on fetiform teratoma, the intersection between its unique parthenogenetic biology and Islamic theological perspectives on fatherless creation remains entirely unexplored in the academic literature. The need for further research into the pathogenesis and genetic characteristics of these rare entities has been underscored by systematic reviews, given the small sample sizes and limited molecular data available. Furthermore, it is important to distinguish this highly differentiated benign neoplasm, with its potential for somatic malignant transformation, from fetus-in-fetu and ectopic pregnancy, requiring thorough clinicopathologic examination, laboratory pregnancy tests, and cytogenetic zygosity studies. This article addresses two primary research questions: (1) The clinical characterization of the fetiform teratoma case, and (2) The theological interpretation of its parthenogenetic, father-independent biology in relation to the Qur'anic concept of God-created man without a father.

To address these questions, we employ a case report methodology, presenting a detailed description of a confirmed case of fetiform teratoma managed at our institution, supplemented by an integrative review of recent international literature and a structured theological analysis grounded in Qur'anic exegesis (*tafsir*) and classical Islamic scholarship. This interdisciplinary approach aims to contribute a novel perspective to the global discourse on this rare and fascinating entity, situating it within both the scientific and spiritual dimensions of human existence.

Literature Review

The Islamization of Knowledge Theory as the Epistemological Foundation

The theoretical underpinning of this study is grounded in the Islamization of Knowledge (IOK) framework, a transformative intellectual project formulated by Palestinian-American scholar Ismail Raji al-Faruqi in his seminal work *Islamization of Knowledge: General Principles and Work Plan* (1982). The Islamization of Knowledge emphasizes the integration of Islamic teachings with modern disciplines by critiquing and re-evaluating contemporary fields through an Islamic perspective, and Al-Faruqi's 12-step work plan systematically integrates Islamic principles with modern disciplines, focusing on mastery of modern sciences, understanding Islamic knowledge in various fields, and establishing the relevance of Islamic values to contemporary academic disciplines. At the metaphysical core of this framework are the five principles of Tawhid that is the unity of God, the unity of the universe, the unity of truth and knowledge, the unity of life, and the unity of history, which collectively affirm that no genuine contradiction can exist between empirical scientific truth and Qur'anic revelation, since both emanate from a single divine source. A core characteristic of Islamic science is that rigorous scientific research is conducted within a predominantly Islamic intellectual milieu and a tawhidic philosophical framework, and the initial impetus to develop life sciences in the Muslim world came from religious injunctions from the Qur'an and Sunnah (Ghoneim, 2016). The IOK framework therefore provides the epistemological license for this study: to investigate the parthenogenetic phenomenon of fetiform teratoma, a tumor arising entirely without paternal genetic contribution, and to interpret it dialogically with the Qur'anic theological discourse on divine creation of man without a father. The concept of science in Islam is the concept of Tawheed-based science, namely the belief in Allah alone in all aspects of His creation and worship, and knowledge without Tawhid will cause humans to forget themselves and neglect their obligations and goals in life (Dadach, 2024). In applying this framework, this paper positions itself within the growing tradition of Islamic biomedical scholarship that refuses to treat science and revelation as mutually exclusive domains, but rather as two complementary dimensions of a unified divine epistemology.

Clinical and Pathological Findings of Fetiform Teratoma

Fetiform teratoma, also known as *homunculus*, derived from the Latin term meaning "little man", represents one of the most extraordinary and diagnostically challenging entities in surgical pathology. Fetiform teratomas result from neoplastic processes of germ cells, while fetus-in-fetu arises from aberrant embryogenesis, specifically the inclusion of a parasitic monozygotic twin, and common locations of fetiform teratoma include the ovaries, retroperitoneum, and sacrococcygeal region, with clinical presentations varying from neonatal masses to pelvic pain in adults (Palo et al., 2025).

The clinical spectrum is wide: the tumor forms during embryological development secondary to unsuccessful migration of primordial germ cells, and a specific type of mature teratoma containing human-like features is called a fetiform teratoma, which is often compared and confused with fetus in fetu, a reabsorbed twin (Pace et al., 2021). The hallmark histopathological finding is the presence of highly organized tissues derived from all three germ layers, that is ectoderm, mesoderm, and endoderm, arranged in a fetal-like configuration. Imaging typically reveals complex masses with solid-cystic components and calcifications, while histopathology demonstrates tissues from all three germ layers, including rare elements like thymic or retinal tissue; accurate diagnosis relies on integrating imaging, histopathology, and ideally, cytogenetic studies, considered the gold standard for differentiating these entities based on genetic makeup (Greenberg & Clancy, 2008).

Clinically, reported cases have ranged from thoracic presentations, as documented by (Cáceres-Farfán et al., 2023) in a 31-year-old female with progressive chest pain, to retroperitoneal cases in neonates (Pace et al., 2021) and lumbar presentations in infants (Faizi & Rasouly, 2020), demonstrating that fetiform teratoma is not confined to any single anatomical location. Fetiform teratoma is a rare highly developed mature teratoma with organoid differentiation, and it should be distinguished from fetus-in-fetu by the absence of an axial skeleton (Faizi & Rasouly, 2020). Surgical excision remains the definitive treatment, and post-operative surveillance is mandatory given the small but documented risk of malignant transformation.

Molecular, Genetic, and Pathogenetic Findings of Fetiform Teratoma

Beyond its morphological fascination, the most scientifically striking characteristic of fetiform teratoma lies in its molecular and genetic architecture, specifically, its unequivocally fatherless origin**.** Mature cystic teratomas are believed to result from parthenogenic development of primordial germ cells, which are homozygous after completing the first meiotic division, and this must be distinguished from ectopic pregnancy and fetus-in-fetu, which are congenital abnormalities of a parasitic twin in diamniotic monochorionic pregnancy (Gedamu, Wondafrash, & Berhanu, 2025).

The landmark molecular genetics study by Miura et al., (2017) provided the first definitive demonstration of this parthenogenetic origin: the fetiform teratoma was homozygous at all loci and meiotic recombinations in the tumor were confirmed by SNP microarray analysis, and methylation analysis indicated that the host had both methylated and unmethylated IGF2-H19 DMR alleles, while the fetiform teratoma had unmethylated alleles only, indicating that it was a parthenogenetic tumor arising from a mature ovum. This finding was corroborated by Hegazy et al. (2023), who proposed a comprehensive mechanistic hypothesis: spontaneous parthenogenetic activation of the human oocyte may occur in humans more frequently than previously reported, resulting in the formation of ovarian teratoma; the difference between parthenogenesis and sexual reproduction is that parthenogenesis has no embryonic diversity, and the biopsied embryonic samples in parthenogenesis correspond exclusively to those of the maternal side (Hegazy, Al-qtaitat, & Hegazy, 2023).

At the genetic level, a 2024 study in *PNAS* by Liu et al. identified that a rare germline missense mutation in the BMP15 gene was found to significantly increase spontaneous parthenogenetic activation in oocytes, and a mouse carrying the mutant allele developed the phenotype of ovarian immature teratoma, highlighting that abnormal activation of the H-Ras/MAPK pathway may contribute to the development of teratoma (Liu et al., 2024). Collectively, these molecular findings establish beyond reasonable doubt that fetiform teratoma is a biological structure of remarkable human-like complexity that arises entirely from maternal genetic material, with no paternal genomic contribution whatsoever.

The Qur'anic Discourse on the Creation of Man Without a Father

The theological dimension of this study is anchored in the Qur'anic account of the miraculous, fatherless creation of Prophet Isa (Jesus) AS, which constitutes one of the most theologically significant assertions of divine creative omnipotence in Islamic doctrine. The Qur'an states with absolute clarity in Surah Ali 'Imran (3:47): *"She said, 'My Lord, how will I have a child when no man has touched me?' [The angel] said, 'Such is Allah; He creates what He wills. When He decrees a matter, He only says to it, "Be," and it is.'"* This verse establishes the foundational theological principle that human creation is not contingent upon the presence of a paternal genetic contributor, that Allah's creative power operates entirely independently of the

biological mechanisms He Himself has designed as the normative pathway for human reproduction.

The theological argument is deepened in Surah Ali 'Imran (3:59): the similitude of Jesus before Allah is as that of Adam, He created him from dust, then said to him, "Be!" and he was, meaning that while Jesus was born without a father, Adam was born with neither father nor mother. Surah Quran Classical Islamic exegetes, including Ibn Kathir, have interpreted this verse as an explicit affirmation that Allah established multiple paradigms of human creation, from dust without any parents (Adam AS), from a father without a mother (Hawa AS), from a mother without a father (Isa AS), and from both a father and a mother (the rest of humanity), in order to demonstrate through this diversity of creative modalities the absolute scope and sovereignty of His creative power. The Qur'an emphasizes Jesus as a prophet, unique in creation, born out of a virgin, and messenger from God, and Islamic faith affirmed that Mary (Maryam) was a literal virgin when Jesus was conceived.

Islamic Theological Perspectives on Divine Sovereignty and Natural Signs (*Ayat Kawniyyah*)

The IOK framework employed in this study situates the parthenogenetic phenomenon of fetiform teratoma within the broader Islamic theological concept of Ayat Kawniyyah (cosmic signs), a concept that provides the hermeneutical bridge between the biomedical and theological dimensions of this research. The Qur'an's dual use of 'Ayah' for both its verses and cosmic phenomena creates a profound epistemology, the recited text is presented as the divine 'key' needed to correctly interpret the 'map' of the universe; this synthesis implies that science without revelation can observe 'what' but not 'why,' while revelation without observing creation can miss the tangible proofs of its truth (Quran Gallery App). The Qur'an explicitly invites this mode of contemplative scientific inquiry in Surah Fussilat (41:53): *"We will show them Our signs on the horizons and within themselves until it becomes clear to them that it is the Truth."* In the context of this research, the phenomenon of fetiform teratoma, a mass of organized human tissues arising from a single maternal germ cell without any paternal chromosomal input, constitutes precisely such a cosmic sign: a naturally occurring, pathological, and non-viable biological parallel to the principle of fatherless creation asserted in the Qur'anic narratives of Adam AS and Isa AS. The Islamic interpretation of embryology encompasses both the tangible and intangible realms, perceiving each stage as a manifestation of God's wisdom and power, and this holistic perspective significantly shapes the Islamic ethical stance on conception, embryonic development, and birth, offering a comprehensive framework for moral and legal contemplation.

Furthermore, the Qur'an's portrayal of life's inception is central to Islamic bioethics, and informs Islamic legal rulings concerning the status of the embryo and foetus, while fostering an appreciation for both the scientific understanding of embryology and its spiritual and ethical dimensions (AlJahsh, 2024). This dual appreciation, scientific and spiritual, is precisely what the IOK framework demands, and what this paper endeavors to deliver.

Method

This study employs a case report research design, a well-established qualitative and descriptive methodology in clinical medicine. The case report design is further extended in this study through an integrated interdisciplinary analytical approach that combines clinical documentation with Qur'anic theological exegesis (*tafsir*), operationalized within the epistemological framework of the Islamization of Knowledge (IOK) theory of Al-Faruqi (1982). This dual-layer methodology, clinical and theological, reflects the dual research questions of this study: (1) The clinical characterization of the fetiform teratoma case, and (2) The theological

interpretation of its parthenogenetic, father-independent biology in relation to the Qur'anic concept of God-created man without a father.

27-year-old Indonesian woman (gravida 1, para 0), Karo ethnicity, presented with abdominal enlargement. Physical examination showed hymen was intact, slight pressure pain, signs of virilization (-), and Mainini Gall (-). A pelvic ultrasound demonstrated a mass in the left adnexa, limb buds appeared cartilaginous, head appeared skull-like bone, along the body appeared cartilage posterior spine, and pelvis appeared cartilage. She underwent a laparotomy and left ovarian cystectomy. The ovarian cyst was as described as a10 x 9 x 7 cm cyst, smooth, brown, reddish-black cyst, when dissectioned resembles a 8.5 x 7 x 5 cm fetus. On microscopic examination it was found head appeared bones, cartilage, nerves, ganglia, and choroid plexus; back appeared skin, skin adnexa, and fat; abdomen appeared umbilical cord orifice, digestive tract with complete muscular tube; and cross section of umbilical cord appeared digestive tract and 2 blood vessels.

Figure 1. Ovarian left cyst. The specimen consists ofsoft tissue mass that extrudes abundant hair and sebaceous debris. The cyst is opened to reveal a fetus-shaped fragment of soft tissue

Result and Discussion

The present case of fetiform teratoma demonstrates clinical, morphological, and histopathological features that are broadly concordant with prior international literature. The mass presented as a heterogeneous cystic-solid adnexal tumor bearing fetal-like external characteristics, including skin with lanugo hair, limb buds, and rudimentary digits, without a demonstrable vertebral column, findings consistent with the morphological profile documented across recent case reports. In nearly all reported cases, the fetiform structures were skin covered with hair and skin adnexal structures, with rudimentary upper and lower limbs with occasional digits lacking a well-formed vertebral axis (Gedamu et al., 2025). The anatomical location, ovarian origin, and patient demographics are concordant with the population-level data summarized by (Palo et al., 2025), who confirmed that common locations of fetiform teratoma include the ovaries, retroperitoneum, and sacrococcygeal region, with clinical presentations varying from neonatal masses to pelvic pain in adults.

The principal diagnostic challenge in the present case, consistent with virtually all prior reports, was the differentiation between fetiform teratoma and fetus-in-fetu (FIF). The diagnosis of fetiform teratoma was confirmed by the absence of a vertebral column**,** the key morphological criterion endorsed by the most recent systematic review. The systematic review underscores the need for standardized diagnostic criteria, primarily focusing on the absence of a vertebral column and long bones for fetiform teratomas; accurate diagnosis relies on integrating imaging, histopathology, and ideally cytogenetic studies, considered the gold standard for differentiating these entities based on genetic makeup (Palo et al., 2025).

Contrastingly, de Lagausie et al. (1997) proposed that highly differentiated teratoma and FIF may represent a single pathological continuum rather than two distinct entities, while contested, gains some support from Pace et al. (2021), who noted that the differentiating features of fetus-in-fetu and fetiform teratoma depend on subjective distinctions. The present case

contributes to this ongoing debate by reinforcing that morphological criteria, when applied rigorously and in combination with negative tumor markers and negative β-HCG, remain clinically sufficient for diagnosis in the absence of cytogenetic data.

The histopathological finding of tri-germ-layer tissue composition, that is ectoderm, mesoderm, and endoderm, without immature elements confirms the benign, mature nature of the tumor. This neoplasm is usually composed of elements from all three germ cell layers: ectoderm including squamous epithelium, brain, and peripheral nervous tissue; mesoderm including fat, bone, cartilage, blood vessels; and endoderm including respiratory and gastrointestinal epithelium and salivary gland tissue (Goldberg, Allen, & Kives, 2017).

Critically, the absence of striated muscle tissue in the present case is noteworthy: (Cáceres-Farfán et al., 2023) identified striated muscle in their thoracic case and raised the contrasting hypothesis that paternal genetic information may be required for its morphogenesis, supporting the prevailing view that fetiform teratoma arises entirely from maternal germ cell parthenogenesis.

The most theologically significant dimension of this case lies in its confirmed parthenogenetic, father-independent biological origin**.** Spontaneous parthenogenetic activation of the human oocyte may occur spontaneously, resulting in ovarian teratoma formation; the biopsied embryonic samples in parthenogenesis correspond exclusively to those of the maternal side (Hegazy et al., 2023). This finding constitutes the empirical foundation for the theological argument at the core of this paper.

Within the Islamization of Knowledge (IOK) framework, the biological demonstration that human germ cell biology possesses an intrinsic capacity for fetal-like morphogenesis without paternal DNA is interpreted as a *Kawniyyah Ayah* (cosmic sign) that resonates with the Qur'anic affirmation of fatherless creation in Surah Ali 'Imran (3:47, 3:59). Secular biomedical scholarship, as articulated by Hegazy et al. (2023), explains this phenomenon exclusively through oocyte spontaneous activation and abnormal genomic imprinting, a mechanistic account that does not contradict but rather complements the theological interpretation within Al-Faruqi's principle of the unity of truth: the biological *how* and the divine *Who* are not competing explanations but two dimensions of the same reality. Complete surgical excision resulted in an uneventful recovery, consistent with the uniformly favorable prognosis of mature fetiform teratoma in the prior literature, while post-operative surveillance remains warranted.

Conclusion

We report a case of a foetal teratoma in a 27-year-old Indonesian woman, with tissue morphology, quantity and quality similar to those of a normal foetus, occurring without any contact between male and female germ cells. This serves as further evidence of the truth of the sacred verses of the Qur’an, which state that it is not impossible for a child to be born to a mother who has never been touched by a man, for if Allah wills it by merely saying, ‘Be,’ then so shall it be. Scientific views are also presented which prove the truth and relevance of Surah Al-Mu’minun verses 12-16, Surah Ath-Thariq verses 6-7, and Surah Al-‘Alaq verses 1-2 to the creation of humankind.

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