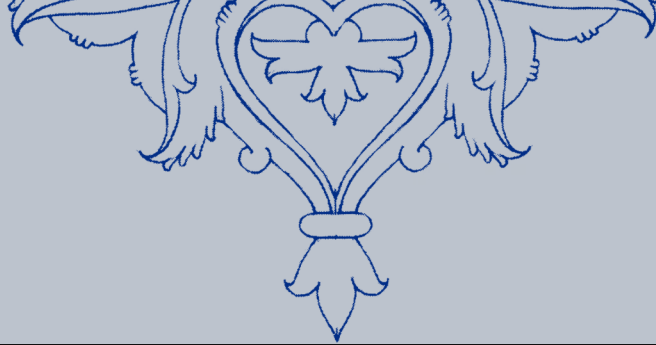


دانشگاه سلامت

ویژه نامه علمی - اطلاع رسانی

سال هفتم، شماره ۷۹، فروردین ۱۴۰۴





بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

دانش مستدام

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مشاهده نشریه
در پایگاه «مگیران»



شماره‌های
پیشین نشریه

نقل مطالب با ذکر منبع و حفظ حقوق مادی و معنوی نویسندگان مجاز است.

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لینک راهنمای نویسندگان

سخن آغازین

۳.....خطبه در وصف عاشقان خدا.....

۴.....پیام سلامت و دین (۶۵).....

۵.....یوستر و بیناربین المللی اخلاق پزشکی در تمدن اسلام و ایران.....

Medical Ethics in Islamic and Iranian Civilization: A Historical Legacy and Contemporary Reflections.....6

Dr. Zahra Taheri-Kharameh

Tracing modern ethical issues in traditional medicine.....7

Morteza Heidari

The Contribution of Sanskrit Medical Texts to the Evolution of Islamic Medical Scien9

Rajesh Sarkar

Common heritage of medical insight and medical ethics in ancient Iran and India11

Dr. Farzaneh Azam Lotfi

Medical Ethics in the Texts of Islamic Civilization17

Mohammad Hossein Ayati

Scope of Biomedical Ethics in Islamic Ethical System: An analytical Study20

Syed Muhammad Tahir Shah

Spiritual Care according to the Medical Ethics of Ibn Sina – A South African Synopsis24

Mujeeb Hoosen

Medical Ethics from the Perspective of Rhazes27

Maryam Mohseni Seifabad

معرفی کتاب

۳۰.....فلسفه درد.....

۳۱.....پیام سلامت و دین (۶۶).....



خطبه در وصف عاشقان خدا

بار خدایا، تو برای عاشقانت بهترین مونس، و برای کفایت مهمّ آنان که بر تو اعتماد نمایند از همه حاضرتری. آنان را در باطنشان مشاهده می‌کنی و به نهان‌هایشان آگاهی و اندازه بینایی‌شان را می‌دانی. بنابراین، رازهایشان نزد تو معلوم و دل‌هایشان به جانب تو در غم و اندوه است. اگر تنهایی آنان را به وحشت اندازد یاد تو مونسشان شود و اگر مصائب به آنان هجوم آرد به تو پناه جویند؛ زیرا می‌دانند زمام همه امور به دست تو و سرچشمه تمام کارها در کف با کفایت فرمان توست.

الهی، اگر از بیان مسئلتم عاجزم یا از اینکه چه بخواهم سرگردانم، پس به آنچه مصلحت من است راهنمایم باش و عنان دلم را به سوی آنچه خیر من است بگردان که این برنامه‌ها از هدایت‌ها و کفایت‌های تو بیگانه و عجیب نیست. بار خدایا، با عفو تو با من معامله کن نه با عدالتت.



پیام سلامت و دین (۶۵)

نیازمندان را دریابیم.

فقر و نیازمندی، عامل پریشانی عقل،
آسیب به دین‌داری، و دشمنی بین مردم
است.

با محبت به کودکان، زمینه رشد مطلوب آنان
را فراهم کنیم.

Medical Ethics in Islamic and Iranian Civilization: A Historical Perspective

Webinar



Dr. Mohammad H. Ayati

Tehran University of
Medical Sciences



Dr. Muhammad Tahir Shah

Govt Graduate College
Satellite Town Rawalpindi



Dr. Mujeeb Hoosen

University of the
Western Cape



Dr. Arman Zargaran

Tehran University of
Medical Sciences



Dr. Farzaneh Azam Lutfi

University of the
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Dr. Rajesh Sarkar

Banaras Hindu
University



Maryam Mohseni

Tehran University of
Medical Sciences



Dr. Zahra Taheri Kharami
The Secretary



Dr. Morteza Heidari
The Chair



Date:

21 January 2025



Time:

09:00 AM - 12:00 PM Tehran



<https://tjc.zoom.us/j/87871778066?pwd=viKODa5a3HisyjbphVa3g5YbTdCG4.1>

Medical Ethics in Islamic and Iranian Civilization: A Historical Legacy and Contemporary Reflections

Dr. Zahra Taheri-Kharameh¹

Editorial Note: Special Issue on the International Webinar on “Medical Ethics in Islamic and Iranian Civilization”

Medical ethics has been a cornerstone of healthcare throughout history, evolving in response to the philosophical, religious, and cultural contexts of different civilizations. In Islamic and Iranian civilization, medical ethics is deeply rooted in spirituality, philosophy, and jurisprudence, offering a comprehensive framework that extends beyond mere clinical practice to encompass moral responsibility, patient rights, and the physician’s ethical obligations.

Islamic medical ethics is largely derived from Quranic principles, Hadiths, and Islamic jurisprudence (Fiqh), which emphasize the sanctity of human life, justice, and beneficence. Pioneering scholars such as Ibn Sina (Avicenna), and Rhazes (al-Razi) laid the foundation for ethical medical practice by integrating these principles with rational philosophy and empirical science. Their works, including Avicenna’s Canon of Medicine and Rhazes’ Treatise on Ethics of the Physician, served as standard references in both the Islamic world and medieval Europe, influencing medical professionalism for centuries.

Persian medical traditions, even before

the advent of Islam, contributed significantly to the development of ethical medical thought. Ancient Persian medicine, particularly in texts like the Zend-Avesta and medical writings of Jundishapur scholars, emphasized the holistic approach to healing—balancing physical, mental, and spiritual well-being. This perspective remained influential after the Islamic period, as Persian scholars continued to integrate spiritual care with medical ethics.

A fundamental aspect of Islamic medical ethics is its patient-centered approach, which stresses:

- The duty of physicians to act with integrity, honesty, and compassion.
- The importance of informed consent and patient autonomy, aligning with contemporary bioethical principles.
- The integration of spiritual care into medical practice, recognizing the psychological and existential dimensions of illness.

The presentations in the International Webinar on “Medical Ethics in Islamic and Iranian Civilization” highlighted the historical continuity and contemporary relevance of these ethical principles. The rich ethical heritage of Islamic and Iranian medicine continues to offer valuable insights into modern bioethical debates, particularly in areas such as medical professionalism, end-of-life care, genetic ethics, and the role of spirituality in healing.

This special issue compiles the abstracts of the distinguished scholars who participated in the webinar, reflecting a broad spectrum of perspectives on the ethical dimensions of medicine. We hope this collection will serve as a helpful resource for researchers, ethicists, and medical practitioners interested in exploring the intersection of ethics, history, and healthcare.

I extend my sincere gratitude to all speakers, participants, and organizers for their contributions to this event. May the discussions initiated in this webinar continue to inspire further academic inquiry and ethical advancements in medical practice.

1. Scientific Secretary of the International Webinar on “Medical Ethics in Islamic and Iranian Civilization”

Tracing modern ethical issues in traditional medicine

Morteza Heidari¹

Human achievements in medicine owe much to the Islamic and Iranian traditions. Islamic and Iranian scholars have been the pioneers of science and philosophy particularly in the Golden Age of Islam during which the glorious scholars like Ibn-Sina and Razi emerged and shined for centuries throughout the globe. The geographical scope of this tradition exceeds the borders of Persia and covers from Baghdad to Egypt and Andalusia. Medical books and treatises and the great contributions of the Islamic scholars in medicine, pharmacology, and different healing practices are some examples of the impacts of the Islamic and Iranian civilization that laid the groundwork for future developments in medicine across various cultures. These achievements are widely recognized by scholars and researchers, but more can be addressed

on the role of Islamic and Iranian civilizations on the development of medical ethics.

Building on this legacy, the webinar “Medical Ethics in the Islamic and Iranian Civilizations: A Historical Perspective” was an attempt to shed a light on the dimensions of medical ethics as presented or promoted by Islamic instructions and adopted or developed by the outstanding medical scholars in the geographical realm of this tradition. Medicine in the Islamic perspective has been more than a set of skills and techniques to remedy human bodies. In ancient text, medicine has been termed as *Hikmah* meaning wisdom and reasoning and this implies that medicine has been a work dealing more with human soul rather than bodies. Islam is by its essence, a value-driven ideology based mainly on moralities to the extent that the holy prophet Mohammad (Peace be upon Him) expresses the completion of moral virtues as the exclusive aim of His mission. On the other hand, in

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the Islamic view, as opposed with secular, religion and its component including moralities are embedded and incorporated in all aspects of life from which medicine and health professions are not exceptions. Thus, medical ethics could be sought and developed according to the Islamic sources, thought, and culture.

The Holy Quran and Hadiths of the Prophet and his Household contain valuable sayings that could be used for medical ethics, medical jurisprudence (Fiqh), and philosophy or theology of medicine. Moreover, some pre-Islamic (e.g., Zoroastrian) influences may be traced that has been confirmed by Islam. The emphasis of Islam on learning and knowledge seeking as a means of closeness to Allah and fulfilling religious duties has led to the establishment of a transcendent doctrine of holistic and individualized medicine in which religious beliefs were reconciled with empirical observation and the role of reason was

recognized in medical decision-making. It seems that developing a new perspective in medicine to improve physician-patient relationships, use of religious and spiritual components for health and developing a holistic approach to health that addresses different needs of human beings, we need to have a close look at our background and history. This webinar was an initiative in this regard and our esteemed speakers from Iranian universities as well as colleagues from different countries contributed generously for this end. I hope this was an effective step and the participants and all those who will read the works presented in this issue, will take benefit. I thank all speakers, participants, and everyone who were engaged in the planning and execution of this webinar in both Qom and Tehran Universities of Medical Sciences. We look forward to upcoming events and new opportunities for sharing knowledge, insights, mutual support and enthusiasm.

The Contribution of Sanskrit Medical Texts to the Evolution of Islamic Medical Science

Rajesh Sarkar¹

Will Durant, a renowned historian and philosopher, once remarked, "India was the motherland of our race, and Sanskrit is the mother of Europe's languages; she is the mother of our philosophy; of self-government and democracy. Mother India in many ways is the mother of all of us." This observation underscores India's pivotal role in shaping global thought and scientific advancements, particularly through the profound influence of its ancient knowledge systems. Among these contributions, the transmission of Sanskrit medical knowledge, specifically Ayurveda, to the Islamic world stands as a testament to the depth and universality of Indian science.

The present study seeks to explore the contribution of Sanskrit medical texts to the evolution of Islamic medical science in the library-documentary method.

Ayurveda: The Foundation of Medical Knowledge

Ayurveda, India's ancient system of medicine, originated as a comprehensive science aimed at promoting health and treat-

ing ailments. It is an integral part of India's intellectual heritage and is deeply connected with the Vedas, particularly the Atharvaveda, as noted by scholars like Acharya Sushruta and Vagbhata. While Sushruta described Ayurveda as a part of the Atharvaveda, Vagbhata termed it an Upveda. However, certain texts, like the Charanvyuha, associate Ayurveda with the Rigveda. This interconnectedness of Ayurveda with sacred scriptures highlights its significance in the Indian intellectual tradition.

Indian Medical Knowledge and its Global Appeal

India's medical knowledge gained widespread recognition beyond its borders, as attested by historical records. Jahiz, a prominent scholar from Basra, noted, "When we found the people of India, we found that they are very proficient in astrology and mathematics. They are ahead in medicine. They know many strange secrets of medicine. They especially know the medicines for incurable diseases." Similarly, the historian Yaqubi acknowledged, "His decision in medicine is the foremost. His book in medicine is Charak and Nidan. He has many other books in medicine." These accounts highlight the global admiration for Indian medical science, particularly for texts like the Charaka Samhita and Nidana.

Transmission of Indian Knowledge to the Islamic World

The transmission of Indian medical knowledge to the Islamic world began

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during the era of the Caliphate, particularly under the Abbasid dynasty. Following the death of Prophet Muhammad, the caliphs sought to expand and consolidate knowledge systems, leading to the translation of key texts from Greek, Syriac, Persian, and Sanskrit into Arabic. While early translations during the Syrian-centered caliphate primarily focused on Greek and Syriac works, the shift of the Caliphate's center to Baghdad opened the doors for Sanskrit and Persian knowledge.

During the reign of Caliph Al-Mansur, Indian scholars from Sindh introduced principles of astronomy and mathematics to the Islamic world. These were translated into Arabic under the guidance of the court mathematician Ibrahim al-Fazari. This marked the beginning of direct intellectual exchanges between India and the Arab world.

Translation of Sanskrit Medical Texts

The systematic translation of Sanskrit medical texts into Arabic was a significant milestone in the evolution of Islamic medical science. Two seminal works stand out:

1. Sushruta Samhita: This foundational text on surgery and medicine was translated into Arabic by Manka Pandit, an Indian scholar invited to Baghdad by Caliph Harun al-Rashid. Manka was not only a translator but also, a practitioner who treated the Caliph and worked in Baghdad's renowned translation center, the Bayt al-Hikmah (House of Wisdom).

2. Charaka Samhita: Another cornerstone of Ayurveda, this text was translated into Arabic. Its principles greatly influenced Islamic medical practices and theories.

Contributions of Indian Scholars

Apart from Manka Pandit, several other Indian scholars played pivotal roles in transmitting Sanskrit knowledge to the Islamic world. Notable among them were Bakhr, Dahir, Jakal, Jabir, and Jabari, whose works in medicine and astrology were translated into Arabic. These translations enriched the Islamic Golden Age, fostering advancements in fields like pharmacology, surgery,

and diagnostics.

Impact on Islamic Medical Science

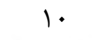
The assimilation of Sanskrit medical texts into the Islamic world laid the foundation for a flourishing tradition of medical science in the Middle East. These texts introduced new concepts, treatments, and surgical techniques, which were integrated with Greco-Roman knowledge to create a comprehensive medical system. The resulting synthesis influenced subsequent European medical practices during the Renaissance.

To conclude, the transmission of Sanskrit medical knowledge to the Islamic world exemplifies the profound interconnectedness of human civilizations. As Will Durant aptly have noted, India has been a mother of global knowledge, influencing diverse fields from philosophy to science. The contribution of Sanskrit medical texts to the evolution of Islamic medical science not only highlights the richness of India's intellectual heritage but also underscores the collaborative nature of human progress. Through the efforts of scholars and translators, the wisdom of Ayurveda transcended geographical and cultural boundaries, leaving an indelible mark on the history of medicine.

Keywords: Sanskrit medical texts, Ayurveda, Islamic medical science, Atharvaveda, Arab-Indian medical exchange, Khilafat, cross-cultural knowledge transfer.

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Common heritage of medical insight and medical ethics in ancient Iran and India

Dr. Farzaneh Azam Lotfi¹

Iran and India, as two ancient civilizations in human history, have a rich background in various sciences, including medicine and medical ethics. Since antiquity, scholars and sages from these regions have explored medical principles and ethical issues related to healthcare. Understanding the shared heritage of medical insight and medical ethics in these civilizations can provide a deeper awareness of their scientific and cultural roots and create a foundation for utilizing historical experiences to develop modern medicine.

Medicine and medical ethics in ancient Iran and India were shaped by philosophy, religion, and social traditions. Ancient texts such as the Avesta, the Vedas, the Shatakhas, and Zoroastrian and Ayurvedic writings serve as evidence of this heritage. However, limited research has been conducted on the comparative study of these two traditions. This research seeks to identify and analyze common medical and ethical concepts in ancient Iran and India and their influence on the evolution of medical principles in

later periods.

Research on medicine and medical ethics in ancient Iran and India has primarily been conducted separately within the frameworks of historical and religious studies. Some scholars have examined medical principles in Ayurveda and Zoroastrian wisdom, yet comprehensive comparative studies exploring their interconnections and mutual influences remain scarce. Notable works in this area include books on the history of medicine in Iran and India, as well as articles on medical ethics in ancient texts.

This study could enhance understanding of the shared roots of medical and ethical traditions in Iranian and Indian civilizations thereby, contributing to the development of medical ethics by incorporating ancient teachings. Moreover, expanding comparative studies in the history of medicine could establish a basis for intercultural dialogue in medical sciences and ethics.

This study adopted a descriptive-analytical approach and utilizes historical sources, ancient texts, and previous research. The data collection method involved library research and comparative analysis of medical and ethical texts from ancient Iran and India. Additionally, a comparative approach was employed to extract similarities and differences between these two traditions.

Etymology and History of Medicine in Ancient Iran and India

The etymology of medicine in ancient Iran is closely linked to the Avesta, the holy scripture of Zoroastrianism. The Avestan term *baēšaza* and its Middle Persian equivalent *bēšaz* refer to both the art of healing and the physician. The word has Indo-Iranian roots, related to the Sanskrit *bhishaj* (भिशज्), meaning “healer” or “one who cures”. In ancient Persian medicine, healing was often associated with divine and ritualistic elements, combining spiritual purification with herbal treatments. The history of medicine in ancient Iran dates back to the pre-Achaemenid period,

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with influences from Mesopotamian and Indian medical traditions. The earliest references to medical practices appear in the Vendidad, a section of the Avesta, which categorizes diseases based on spiritual and physical causes. According to Zoroastrian beliefs, health was maintained through a balance between asha (truth and order) and druj (deception and disorder), and physicians played a crucial role in restoring this balance. The practice of medicine in ancient Iran was deeply rooted in Zoroastrian religious traditions, with early references found in the Avesta, the holy book of Zoroastrianism. The legendary physician Thritha, mentioned in the Avesta, is considered the father of Iranian medicine.

Persian medicine reached a significant level of sophistication during the Achaemenid Empire (550–330 BCE), where medical knowledge was systematically categorized. The Persian rulers established medical centers and trained physicians who practiced surgery, herbal medicine, and holistic healing methods. Greek historians such as Herodotus mention Persian physicians, suggesting that they were highly regarded. The Sassanian period (224–651 CE) saw the establishment of the Gondishapur Academy, one of the most renowned medical institutions of antiquity. This center became a melting pot of Persian, Greek, Indian, and Syrian medical traditions, indicating a fusion of medical knowledge and laying the foundation for later Islamic medical advancements.

Under the Sassanian Empire (224–651 CE), medical science flourished, especially at the Gundeshapur Academy, a major intellectual center where Persian, Greek, Indian, and Syriac scholars exchanged knowledge. The academy produced influential medical texts, which later influenced Islamic and medieval European medicine. Physicians such as Borzuya and later Razi (Rhazes) and Avicenna built upon this foundation, contributed significantly to the advancement of medical science.

In ancient India, the term “medicine” is derived from the Sanskrit root vaidya (वैद्य),

meaning “physician” or “one who possesses knowledge” and is closely associated with “Ayurveda”, (आयुर्वेद) coming from āyur (life) and veda (knowledge), meaning “the science of life”. Ayurveda, dating back to the Vedic period (circa 1500–500 BCE), is one of the oldest medical systems in the world. The oldest references to medical knowledge are found in the Vedas, particularly the Atharvaveda. The foundational texts of Ayurveda, the Charaka Samhita and Sushruta Samhita, written between the 1st millennium BCE and early centuries CE, provide detailed accounts of anatomy, surgery, pharmacology, and disease management. Ayurveda was systematically developed into eight branches, including internal medicine (Kaya Chikitsa), surgery (Shalya Tantra), and pediatrics (Kaumara Bhritya). The knowledge of medicine was preserved and transmitted through oral traditions and later written texts. The contributions of scholars like Charaka and Sushruta played a crucial role in advancing medical science in India and influenced medical traditions across Asia and the Middle East.

Sushruta, often called the “father of surgery,” described over 300 surgical procedures and used advanced techniques such as plastic surgery and cataract removal. Meanwhile, Charaka emphasized internal medicine, dietetics, and the importance of balancing the three doshas—Vata (air), Pitta (fire), and Kapha (earth/ water).

Buddhist and Jain influences further enriched Indian medicine, promoting hospitals and public health measures. Indian medical knowledge also spread to China, Persia, and the Arab world through trade and scholarly exchanges. The impact of Ayurveda continues to be significant, with modern integrative medicine drawing upon its principles.

The Script and Method of Writing Medical Works in Ancient Iran and India

In ancient Iran, medical texts were initially transmitted orally and later written in Avestan and Middle Persian (Pahlavi) scripts. The Avesta was originally inscribed in the Avestan script, a highly developed al-

phabet with 53 characters designed to preserve the phonetics of the sacred texts.

During the Sassanian period, medical texts were primarily written in the Pahlavi script, an evolved form of Aramaic with added symbols to represent Persian phonetics. The Gundeshapur Academy played a crucial role in translating Greek, Indian, and Syriac medical texts into Middle Persian. Calligraphy in this period was mainly functional rather than decorative, focusing on the clarity of transmission.

After the Islamic conquest, Persian medical texts were increasingly written in Arabic script, often featuring elegant calligraphy styles such as Naskh and Nasta'liq. Persian scholars like Avicenna (Ibn Sina) wrote extensively in Arabic, but later Persian medical manuscripts were composed in a refined Persian script, blending scientific content with aesthetic calligraphy.

Ancient Indian medical texts were originally preserved through oral tradition before being written down on palm leaves and birch bark. The earliest scripts used were Brahmi and Kharosthi, evolving into Gupta and Devanagari scripts over time.

Medical manuscripts were meticulously inscribed, often accompanied by commentaries and diagrams. The Sushruta Samhita and Charaka Samhita were written in poetic and prose formats to aid memorization. Sanskrit medical texts often followed the shloka (metrical verse) style, making them easier to recite and transmit across generations.

Illustrations of surgical instruments, herbal remedies, and anatomical descriptions were sometimes included in these manuscripts. Over time, as medical texts spread to Southeast Asia and beyond, they were transcribed into regional scripts such as Tamil, Grantha, and Tibetan, preserving India's medical heritage in diverse linguistic traditions.

Medical manuscripts in ancient Iran were initially written in the Avestan and later in Middle Persian (Pahlavi) scripts. The writing style was primarily scriptural, with

religious and medical knowledge intertwined. Medical texts were often inscribed on animal skins, clay tablets, and later on parchment and paper. During the Sassanian period, manuscripts were compiled in the Gondishapur Academy, where Greek and Indian influences helped refine Persian medical literature.

With the Islamic conquest of Persia, Persian medical knowledge was transcribed into Arabic using Kufic and later Naskh scripts. However, the Persian script, particularly Nastaliq calligraphy, became prominent in preserving and transmitting medical knowledge in the post-Islamic era.

Ancient Indian medical texts were originally composed in Sanskrit using the Brahmi script, which later evolved into Devanagari and other regional scripts. Manuscripts were primarily written on palm leaves and birch bark using natural ink derived from plant extracts.

The writing method followed a systematic approach where medical concepts were categorized into verses (shlokas) for easy memorization. The use of poetic meters helped in the oral transmission of knowledge. Later, as written traditions became more prominent, detailed commentaries and translations into various regional languages helped in the wider dissemination of Ayurvedic knowledge.

Medical Ethics and Mythology in Ancient Iran and India

Medical ethics in ancient Iran were deeply rooted in Zoroastrian religious beliefs and practices. The Avesta, particularly the Vendidad contains numerous references to medical practices, hygiene, and the moral responsibilities of physicians. The key principles of medical ethics in ancient Iran included:

- Purity and Hygiene: Cleanliness was a fundamental aspect of medical practice, as diseases were often associated with impurity and demonic influences.

- Healing Both Body and Soul: A physician's duty extended beyond physical treatment

to include spiritual well-being, often through prayers and rituals.

- Three Types of Healing: According to Zoroastrian texts, medicine was classified into three types:

1. Healing through herbal medicine (physical treatment)

2. Healing through surgery (using knives and instruments)

3. Healing through incantations and prayers (spiritual healing)

- Physician's Competency Test: A new physician had to successfully treat three patients before being recognized as a qualified doctor. If all three patients died under their care, the physician was deemed unfit for practice. These ethical principles highlight the integration of religion, morality, and medical knowledge in ancient Iranian society.

Medical Insight and Ethics in Ancient Iran and India: A Comparative Analysis

Ancient Iranian medicine was deeply influenced by Zoroastrianism, with medical knowledge recorded in texts such as the Avesta particularly the Vendidad and Bundahishn. The practice of medicine was regarded as both a scientific and spiritual duty. Key aspects of Iranian medical insight included:

- The Role of Physicians (Asu and Atravan): Physicians were required to possess both medical expertise and religious knowledge. The Atravan (priest-healers) used prayers and rituals to assist in healing.

- Three Methods of Treatment: Healing was categorized into three approaches:

1. Herbal Medicine: Utilizing medicinal plants for treating ailments.

2. Surgery: Practiced under strict ethical guidelines.

3. Spiritual Healing: Reciting sacred mantras and engaging in purification rituals.

- Hygiene and Disease Prevention: Strong emphasis was placed on sanitation, with detailed guidelines on disease prevention, food safety, and burial practices to prevent contamination.

- Medical Mythology and Symbolism: Figures like Thrita, a mythical healer, were revered as early practitioners of medicine. Ahura Mazda, the supreme deity, was believed to have imparted knowledge of healing to humanity. Ancient Indian medicine was primarily based on Ayurveda, which was believed to have divine origins and was codified in texts such as the Charaka Samhita and Sushruta Samhita. The core principles of Indian medical insight included:

- The Tridosha Theory: Health was believed to be governed by the balance of three bodily humors (Vata, Pitta, Kapha), and imbalances were seen as the root cause of diseases.

- Holistic Healing: Emphasized physical, mental, and spiritual well-being through a combination of herbal medicine, diet, yoga, and meditation.

- Surgical Advancements: The Sushruta Samhita described over 300 surgical procedures, including cataract removal and plastic surgery techniques.

- Disease Prevention through Lifestyle: The concept of Dinacharya (daily routine) and Ritucharya (seasonal regimen) was introduced to maintain health.

- Medical Deities and Divine Healers: Dhantvanti, the physician of the gods, was believed to have brought Ayurveda to mankind. Indra was also associated with the transmission of medical knowledge to sages.

The ethical foundations of medicine in ancient India were outlined in Ayurvedic texts and emphasized moral responsibility, patient care, and social well-being. Key ethical principles included:

- Dharma (Moral Duty): Physicians were expected to uphold the highest ethical standards and serve humanity selflessly.

- Patient Confidentiality: Ayurvedic texts emphasized protecting patient information and maintaining trust.

- Prohibition of Malpractice: Physicians were warned against negligence and dishonesty in medical practice.

- Use of Healing for Good: Medicine was to be used only for healing and never for harmful purposes.

- Training and Qualification: A medical student had to undergo rigorous training and prove

competency before practicing.

Aryamen, Sarathone, and Fereydoun in Medical Mythology

- Aryamen (Aryaman): In Indian mythology, Aryaman was a deity associated with health, hospitality, and healing. He was considered a protector of physicians and was invoked for well-being and medical success.

- Sarathone (Zarathustra): Often linked with wisdom and knowledge, Zarathustra (Zoroaster) was believed to have contributed to the ethical and philosophical foundation of ancient Iranian medicine.

- Fereydoun (Thraetaona) In Persian mythology, Fereydoun was a legendary king known for his healing abilities and the defeat of the evil dragon Zahhak, symbolizing the triumph over disease and suffering.

2. Medical Mythology in Ancient India and Iran

Indian medical mythology was closely linked to Ayurveda which was believed to be divinely revealed. The Charaka Samhita and Sushruta Samhita are the most significant ancient texts detailing medical knowledge. Key aspects of medical mythology in India included:

- Diseases and Karma: Illness was often seen as a result of past actions (karma) or imbalance in dharma (cosmic order).

- Spiritual and Herbal Treatments: Healing involved a combination of herbs, surgery, and spiritual chanting (mantras).

- Mythological Physicians: Several gods and semigods played a role in transmitting medical knowledge, particularly Dhanvantari and Indra.

Medical mythology in ancient Iran was deeply tied to Zoroastrian beliefs. Key figures in Iranian medical mythology included:

- Thritha (Thrita): Recognized as one of the first legendary physicians in Iranian mythology, mentioned in the Avesta.

- Tishtrya (Tiri): The deity associated with rain and fertility, often linked to agricultural health and well-being.

- Jamshid (Yima): A mythical king believed to have possessed knowledge of immortality and disease prevention.

- Ahura Mazda vs. Evil Forces: Diseases were often attributed to druj (evil forces), and treatments included both physical remedies and spiritual rituals.

Dhanvantari and Indra in Indian Medical Mythology

- Dhanvantari: The divine physician and the originator of Ayurveda, who according to Hindu mythology, emerged from the churning of the ocean (Samudra Manthan) holding a pot of Amrita (nectar of immortality). He is worshipped as the god of medicine.

- Indra: The king of the gods, often associated with strength and war, also played a role in the transmission of medical knowledge. In mythological accounts, he learned medical science from Dhanvantari and passed it on to sages like Sushruta, who compiled the Sushruta Samhita, one of the oldest known surgical texts.

To conclude, it seems that the commonalities of ancient Iranian and Indian medicine with Islamic medicine include:

- Treating all patients regardless of their social status, religion, or economic background,
- Maintaining confidentiality about the patient's condition,
- Alleviating pain and suffering as the primary goal,
- Professional Competence: Physicians were expected to undergo rigorous training and avoid practicing incomplete or dangerous knowledge,
- Lifelong learning and study of Ayurvedic texts were encouraged,
- Physician-Patient Relationship: Physicians were to act with empathy, respect, and compassion toward their patients,
- Prioritizing the patient's welfare over personal gain,
- Non-Harm (Ahimsa).
- Purity and Virtue: Physicians were expected to maintain moral, spiritual, and physical purity.

Ancient Iran and India both developed

sophisticated medical systems rooted in ethical, spiritual, and scientific principles. While Iranian medicine emphasized cleanliness, divine intervention, and structured healing methods, Indian medicine developed a comprehensive, holistic approach through Ayurveda. Both cultures saw medicine as a sacred duty and integrated mythology into their healing traditions, reflecting a shared belief in the connection between physical health, morality, and the divine. Medical ethics and mythology in ancient Iran and India reflect a strong connection between medicine, spirituality, and moral responsibility. While Iranian medical ethics emphasized purity, divine healing, and structured physician training, Indian mythology incorporated karma, divine intervention, and the systematic development of Ayurveda. The similarities between these traditions, particularly the integration of supernatural elements in medicine, demonstrate a shared ancient worldview where health was both a physical and spiritual pursuit.

اللَّهُمَّ رَبَّ النَّاسِ، أَذْهِبِ الْبَاسَ، اشْفِ أَنْتَ الشَّافِي،
لَا شِفَاءَ إِلَّا شِفَاؤُكَ، شِفَاءٌ لَا يُعَادِرُ سَقَمًا

O Allah, Lord of the people, remove the harm and heal, for You are the Healer. There is no healing but Your healing, a healing that leaves no trace of illness.

• ॐ त्र्यम्बकं यजामहे सुगन्धिं
पुष्टिवर्धनम्।

• उर्वारुकमिव बन्धनान्
मृत्योर्मुक्षीय मा अमृतात्॥

“We meditate on the three-eyed one (Lord Shiva), who permeates and nourishes all beings. May He liberate us from the bondage of illness and death, just as the ripe fruit effortlessly separates from the vine, and lead us to immortality”.

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Medical Ethics in the Texts of Islamic Civilization

Mohammad Hossein Ayati ¹

The oldest written source that deals with medical ethics is the Code of Hammurabi, which dates to a period preceding 1750 BCE. Later, a slew of written works from the East and West are available that attend to ethics in the realm of medicine. Nonetheless, this issue reached a matchless station after Islam because the prophetic teachings, on the one hand, stressed the significance of soul purification and the attainment of ethical virtues (verily I was sent to complete the ethical nobilities), and on the other hand, these teachings introduced medicine as one of the two superior sciences (science is of two types: the science of religions and the science of bodies). That is why, in the Islamic civilization, in addition to medical books, a multitude of written materials discuss medical ethics in various topics and formats. The present work strives to have a short glance at medical ethics in the texts of Islamic civilization.

The present research was conducted using the library-documentary method and is based on texts of medical ethics in the Islamic civilization.

These sources are categorized into fourteen types with regard to their format and content:

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1. **Medical ethics:** Some books tackle the issue of medical ethics squarely and elaborate on the ethical fundamentals expected from a physician. Some of them such as “Adab at-tabib” by Ruhawi are authored as conventional books, but some others such as “Akhalq at-tabib” by Rhazes are authored in the form of a letter from a teacher to his pupil.

2. **Medical test:** The books in this part tend to explain the physical, spiritual, and academic features and skills with which a physician should be equipped, inter alia, a series of ethical virtues and qualities. The book “fi al-mahanahi at-tabibi wa kayfa yunbagha an yakuna halahu fi nafsihi wa badanihi wa sharbihi” by Muhammad b. Zakariyya Rhazes is an example of such a perspective; the first part of this book discusses the ethical qualities needed for a physician.

3. **Tamhidiyya:** It is the same as the prelude for medical books in which, among other things, the morality of physicians is pointed out. For instance, Aqil of Khurasan, in the third chapter of the prelude for the book “Khulasat al-hikma”, posits the etiquette and morality expected from an attending physician from a doctrinal, academic, and ethical perspective.

4. **Medical Source:** Since ethics is an indispensable part of medicine, physicians, during the discussions of prevention and

cure, always mention the ethical issues that should be observed in this profession. Rhazes in the book "Al-Hawi", for example, drastically emphasizes the good-temperedness and modesty of the physician in front of the patient, maintaining that the physician should deem himself as the server of the patient.

5. **Ethical Source:** This part alludes to the issue of ethics in all fields, including medical ethics, such as "Akhlak-i Nasiri" by Khaja Nasir ad-Din Tusi.

6. **Jurisprudential source:** Some issues discussed in jurisprudential books such as the rules of "no harm", "no difficulty", and "deceit", are also related to the profession of medicine and medical ethics, and are stated in certain books known today as Tuzih al-Masa'il. "Lum'a" by Shahid Awwal and "Sharh-i Lum'a" by Shahid Thani are two examples of such books.

7. **Rules and etiquette of Hisba:** Hisba was one of the religious and administrative institutions in the Islamic governments, and its head was called Muhtasib, that is, the agent of enjoining the good and forbidding the evil. In such books, rules of various professions including medicine were codified based on religious, ethical, social, and economic principles, such as "Ma'alim al-qurba fi ahkam al-Hisba" by Ibn Ikhwa that categorizes the rules of different professions, including physicians, Kuhal (witches in the ignorance Era), surgeons, bonesetters, phlebotomists, and cuppers in separate chapters.

8. **Futuwwatnama:** The 'Ayyar' and the warriors of each city, in times of weak government, saw it as their duty to establish and administer rules to prevent the weak from being deprived of their rights as well as to maintain order and justice in society. These rules were written in certain books called "Futuwwatnama", which codified the rules of various professions, including medicine, and also dealt with ethical issues, such as "Risala futuwwatiyya" by Mir Sayyid 'Ali Hamadani.

9. **Sawgandnama:** Sawgandnama is an oath that is recited by someone before others. Medical Sawgandnama in the Islamic

civilization is in essence derived from the Hippocratic Oath. It should be noted that some explications have been written for these letters of oath, the most important of which is by Galen.

10. **Munajatnama (covenants):** Sometimes the issues of medical ethics are written in the form of Munajatnama (covenants) addressing God. Here the physician asks God to aid him in achieving the virtues pertinent to medical ethics. Contrary to Sawgandnama which is recited in front of everyone, Munajatnama (covenants) is a treaty between the person and God for spiritual growth and avoidance of faults, such as "Ahdnama" by Shaykh al-Ra'is Ibn Sina.

11. **Pandnama:** In medical books, sometimes the author (in a chapter or an article of his book) provides the reader with the concepts of medical ethics in the form of advice and admonition. A notable example is "Pandnama" by 'Ali ibn 'Abbas Ahwazi which is placed in the second section of the first chapter of the first volume of "Kamil as-Sana'a", entitled "Fi zikar wasaya 'abqrat wa ghayrih min al-qudama' al-mutatabibin wa 'ulama'ihim".

12. **Proverbs and aphorisms:** These are books that state medical teachings, including ethics, in the form of proverbs, aphorisms, and adages, such as "Al-kalim al-ruhaniyya" by Ibn Hindu, a book of teaching medicine in which cases of medical ethics are also pointed out.

13. **Poems:** Some sages-maintained cases of medical ethics in the form of poetry. These anthologies sometimes only attended to medicine and medical ethics such as "Tibb Yusifi" and sometimes they contained various topics, among other things, medicine and medical ethics such as "Diwan-i Shahriyar".

A ruthless physician never comes to the bed of a poor

As no one is in thrall to treat the pain of the underprivileged

14. **Humor:** Some books presented medical teachings as well as cases related to medical ethics to people and physicians in

the form of humor. For instance, the book “Da‘wat al-atibba” by Ibn Butlan tells of a young physician who, in search of sustenance, departs Baghdad for Mayyafariqin. On the way, he is hosted by an elder physician, and some other physicians are also invited. The talks by the physicians of that gathering display the sanitary, medical, and remedial status of that time. They condemn those who guise themselves as physicians and praise the qualities of authentic physicians; they also talk about the merits and harms of various drinks and foods procured in the gathering.

To conclude, it is evident that the range of the sources of medical ethics in the Islamic civilization is very broad and encompasses numerous categories. Such breadth and diversity indicate the status of this issue in Islamic lands, leading to the formation of this precious treasury.

Keywords: Medical Ethics, Islamic Civilization, Sawgandnama, Munajatnama, Pandnama.

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Scope of Biomedical Ethics in Islamic Ethical System: An analytical Study

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Biomedical ethics, a branch of applied ethics, focuses on the moral issues arising in medical and biological sciences. It addresses questions related to medical practices, patient care, research, and the use of new technologies.

Islam as a universal religion presents a comprehensive and practical system of ethics for the entire humanity in every field of life. Medical ethics is one of the most important components of this extensive ethics system. Islamic medical ethics is built on several core principles derived from religious texts and teachings. This is the approach of dealing with and handling the healthcare practice and process according to the Islamic moral system and legislative sources (primarily 'The Quran' and 'Hadith'). Some aspects of Islamic Biomedical ethics can be elaborated as under topics.

1. Medical ethics and its oath, development and history:

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The history of biomedical ethics can be traced back to ancient times. The subject of medical ethics has been involved in the field of medicine in one form or another since ancient times and according to its importance a formal oath was taken to observe it. A brief history and chronological review of its evolution will help clarify the subject:

a. The 'Father of Medicine', Hippocrates (460-375 BC), used to take a pledge from the newly qualifying physicians, named the 'Hippocratic Oath', which is one of the oldest medical covenants in history. The oath contains the teaching of moral values linked to medicine.

b. The affidavits of Ayurveda (Ancient Indian Medicine) and Jewish medical ethics are available in history or medical books. For example, Charaka Samhita, a Sanskrit text on Ayurveda, contains a section on the code of ethics for Physicians and nurses, attributing "moral as well as scientific authority to the healer.

c. Muslim doctors, in the middle ages, have also mentioned the ethical principles to be followed during medical practice. A famous Muslim physician of that time is Abu Bakr Al-Razi, known in the West as Rhazes (865-925 AD).

2. International forums including Islamic organizations and medical ethics:

The importance of medical ethics can be estimated from the fact that these ethical values are discussed by many famous international organizations and forums. Among them are WHO, UNESCO and the Council for International Organizations of Medical Sciences (CIOMS). These organizations have held many international conferences, and have defined various principles of biomedical ethics and modes and curricula for its teaching to medical students and doctors.



Besides these forums, the role of many Islamic Organizations is also worth mentioning. These organizations presented a unique ethical framework in the light of Islamic ethical system.

For example, “**Organization of Medical Sciences**” (IOMS). This organization, based in Kuwait, is dedicated to the development and promotion of medical ethics in the Muslim world. This has recently organized several international conferences, symposia and workshops on the Islamic International Constitution of Health and Medical Ethics. Another prominent Muslim organization that plays an important role in promoting Islamic biomedical ethics in the modern era is the **International Islamic Fiqh Academy (IIFA)**, established by the **Organization of Islamic Cooperation (OIC)** in 1981. The IIFA, with the help of scholars and experts has produced a variety of fatwas (legal opinions) and resolutions on medical and ethical issues, focusing on topics of contemporary issues such as organ transplantation, end-of-life care, reproductive technologies, genetic engineering, and medical research, all from an Islamic perspective. These rulings are grounded in Islamic jurisprudence (fiqh) and aim to ensure that biomedical practices align with Islamic principles. **Islamic Medical Association of North America (IMANA)** is another organization that works to integrate Islamic principles with medical practice, focusing on healthcare professionals in North America. They hold conferences and workshops on medical ethics from an Islamic perspective.

These organizations, along with various Islamic scholars, continue to address modern medical dilemmas, ensuring that advancements in biomedical science are consistent with the ethical guidelines set forth in Islam.

3. Islamic endorsement & additions on

Hippocratic oath & biomedical ethics

Hippocratic Oath (5th century BCE) is one of the earliest known ethical codes in medicine, attributed to Hippocrates. It focuses on the four principals which are Beneficence (Ihsan), Non-Maleficence (Avoiding harm), Justice (Adalah) and Autonomy (Informed consent and judgment).

Islamic teachings not only accepted and endorsed these previously presented bio ethics but also added and presented many additional, effective and applicable moral values over these basic bioethical principles like: confidentiality, truth-telling, sanctity of life, which have been mainly derived from the Quran and Sunnah with some additions and modifications. Islam holds that life is sacred and a gift from God. The Qur’an states, “And do not kill the soul which Allah has forbidden, except by right” (Qur’an 17:33). This fundamental belief shapes Islamic perspectives on issues such as euthanasia, abortion and the preservation of life. Any action that threatens life is prohibited unless it is for a just cause, such as in self-defense or during war.

Islamic scholars and jurists explain these moral values by including them as one of the five purposes of the entire Sharia under the purpose of preservation of life. Thus, according to Sharia, human life is sanctified. It is the trust of Allah which is given for the protection of man.

4. General responsibilities of the physicians in the light of Islamic teachings

Goodwill of patient:

A doctor should make goodwill towards the patients as his motto. Tamim al-Dari (Allah be pleased from him) reported: The true Prophet of Allah almighty (Peace be upon him) said, “Religion is sincere well-wishing.”

Right Advice:

If an advice is sought from a doctor, he or she should give the right advice, considering it as a trust. Abu Huraira (R.A) narrated: The Prophet Muhammad (Peace be upon him), said, "One who is consulted is in a position of trust."

Privacy of Patients:

A man can treat a woman and a woman can treat a man. However, according to Islam, loneliness should be avoided in this case, i.e. the doctor must have a helper or an assistant with him.

Preservation of human dignity:

Doctors and Physicians have to treat all the patients just on the basis of humanity and without any discrimination of color, race, creed and religion.

5. Virtues and manners of visiting the patient

Medical ethics includes visiting and treating patients. According to the saying of Prophet Muhammad (Peace be upon him) "Whoever visits and inquire the patient, or visits his brother in Allah, a caller calls out: May you have heavens and livelihood be decent, and may you reside in an adobe in Heaven."

According to Islamic medical ethical teachings while in the manners of visiting one should not visit more repeatedly and for a long time, so that it will not become troublesome for the patient or the family. Moreover, one should pray for his good health. Whenever the Prophet of Allah (Peace be upon him) visited a sick person, he would say, "La ba'sa, tahirun in sha' Allah [which means: (No harm), don't worry (it will be a refining (from evils), if Allah wills].

The doctor will get dual reward, i.e. for visiting the patient and for the treatment, provided that he visits and treats with good intentions and with the spirit of serving the people. Saying words of comfort to the patient helps in reducing the suffering, which

is an example of charity and worship.

6. Islamic Approach on new Bioethical Challenges

Islamic bioethics provides a framework to address contemporary challenges in biomedical science, such as cloning, organ donation, assisted reproductive technologies, and genetic modification. Islamic scholars engage in ijihad (independent legal reasoning) to provide guidance on these issues, ensuring that new technologies align with Islamic values and principles, while safeguarding human dignity and social justice. Islamic jurisprudence provides a comprehensive framework for addressing biomedical ethical issues, ensuring they align with religious principles while accommodating advancements in medicine.

7. Contributions of Muslims to Medicine and bioethics

During the Golden Age of Islam (8th–13th centuries), scholars like Al-Razi (Rhazes), Ibn Sina (Avicenna), and Al-Zahrawi (Abu al-Qasim) made significant advancements in medical knowledge. These scholars not only contributed to the scientific understanding of health but also laid the groundwork for medical ethics by discussing the moral responsibilities of physicians according to the teachings of Islam.

For example: Ibn e Sina's famous work, (Al-Qanoon Fi Al-Tibb) *The Canoon of Medicine*, discussed the ethics of medical practice, including the importance of trust, honesty, and care in doctor-patient relationships.

Another famous Muslim physician Abu Bakr Al-Razi, known in the west as Rhazes (865-925 AD), wrote a separate book on biomedical ethics with the title of "Akhlal-qal-Tabib", i.e. 'ethics of the physician, and in this book Al-Razi focuses on a number of important ethical concerns.

To conclude, the influence of teachings,

principles and characteristics of Islam on this important aspect of medical practice is considered the most effective and applicable addition in medical ethics.

Keywords: Medical ethics, Hippocratic Oath, basic principles of ethics, Islamic perspective, scope, Islamic ethical system

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Spiritual Care according to the Medical Ethics of Ibn Sina – A South African Synopsis

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Ibn Sina, widely acknowledged as the “Prince of Physicians”, has made profound contributions to traditional medicine, transforming it into an esteemed discipline encapsulated in the terms “Science of Medicine” and the “Art of Care”. His work lies not merely in the advancement of medical techniques but in the meticulous refinement of humoral and temperamental theories established by Hippocrates and Galen. These refinements resulted in a holistic approach to medicine that is inextricably intertwined with the domains of philosophy, medical ethics, spirituality, spiritual care, religion, and metaphysics.

Ibn Sina amassed a remarkable compendium of knowledge, authoring over two hundred and twenty significant works, with the “Canon of Medicine” standing out as the most influential. This seminal text was the primary medical reference across centuries and was venerated in Eastern and Western medical traditions. Furthermore, in his pivotal “Book of Healing”, Ibn Sina thoroughly investigates the intricacies of the human

soul, emphasizing the critical role of spiritual care, the importance of spiritual knowledge, the pursuit of spiritual perfection, and the beneficial impacts of religious rituals on mental health, inner tranquillity, and overall holistic well-being.

The essence of Ibn Sina’s “Art of Care” forms the bedrock of contemporary person-centred approaches and the biopsychosocial–spiritual model that is now fundamental in holistic medicine. His timeless principles of medical ethics continue to shape the frameworks for spiritual care and articulate the necessary components of spiritual care competencies, such as required knowledge, behaviours, attitudes, and skills. The relevance of Ibn Sina’s insights extends beyond their historical context; they remain integral to the formation of practices and policies that prioritize comprehensive patient care in modern healthcare environments, urging stakeholders to acknowledge the interdependence of physical, emotional, mental, and spiritual health. This holistic perspective is not only desirable but indispensable in addressing the multifaceted needs of patients today, thereby ensuring a more compassionate and effective healthcare system. Ibn Sina’s guidelines on patient interests resonate profoundly with the principles of spiritual care. His emphasis on the necessity of integrating spiritual care knowledge and behaviors reflects a comprehensive understanding of the holistic needs of patients. Furthermore, the alignment of communication skills with spiritual care attitudes underscores the importance of empathetic interaction in nurturing patient trust and rapport. At the same time, the correspondence between professional excellence and spiritual care skills reveals the essential role of ethical practice and continuous professional development in delivering compassionate, patient-centred care. Therefore, adhering to Ibn Sina’s framework not only enhances the quality of

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care but also fosters a more humane and respectful healthcare environment, ultimately benefiting both patients and healthcare providers. It is imperative that contemporary healthcare practices embrace these principles to ensure a more integrated approach to patient care that honors both the physical and spiritual dimensions of health. In the contemporary healthcare landscape, spiritual care is increasingly recognized as an essential ethical performance standard that advocates for a holistic and value-driven approach to patient care. Therefore, clinical environments that fail to integrate spiritual care significantly undermine the principles of holistic practices, leading to incomplete patient support and care modalities.

The South African demographic is characterized by remarkable racial, cultural, linguistic, and spiritual diversity, with a notable proportion of the population relying on traditional medicine to meet their healthcare needs. It is crucial to acknowledge that traditional healing practices in South Africa are inherently pluralistic, seamlessly incorporating a variety of spiritual and religious therapies that resonate with the beliefs and values of diverse communities. Among these practices, Unani Tibb stands out as a particularly noteworthy form of traditional medicine, both regulated and actively practiced across South Africa. The Unani Tibb community plays a pivotal role in enhancing the nation's healthcare landscape, demonstrating ethical practice, multicultural sensitivity, and inclusivity that is necessary for the contextualization of care within a diverse society.

Guided by the enduring medical ethics articulated by the renowned physician Ibn Sina, the educational initiatives, research endeavors, and clinical practices of Unani Tibb within South Africa are profoundly informed by these ethical principles. The progressive development of spiritual care guidelines specifically tailored for Unani Tibb clinical practice, all framed within the

rich tapestry of Ibn Sina's medical ethics as they manifest in the South African context. The establishment of these guidelines not only exemplifies a commitment to ethical and compassionate care but also serves to align traditional healing practices with contemporary healthcare standards, thereby fostering a comprehensive healing environment that respects and nurtures the spiritual dimensions of patient care.

Keyword: Medical ethics, Art of Care, Spirituality, Spiritual Care, Unani Tibb

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Medical Ethics from the Perspective of Rhazes

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Medical ethics has always been one of the constant preoccupations for physicians throughout history. Similarly, in Islam, this issue is accorded great importance, leading to the production of a substantial corpus of literature on ethics.

Muhammad ibn Zakariya Razi (864 - 925 CE) was among the earliest Islamic scholars who aimed at the improvement of human ethics through the articulation of his theoretical and practical perspectives. The present study seeks to explore medical ethics from the perspective of Rhazes.

This research has been conducted using a library-documentary method as well as a descriptive-analytical approach, drawing upon the extant corpus of Rhazes' writings.

1. The Role of Ethics in the Life and Works of Rhazes : Rhazes was born in Ray City, and his father's profession as a goldsmith sparked his interest in alchemy for financial motivations. However, in his mid-years, he opted for a career in medicine to gain greater material rewards.

Through his relentless efforts, Rhazes ascended to eminence as a distinguished physician, serving two successive Abbasid Caliphs and being the head of the most pre-eminent hospital in Baghdad. This period of his life brought him a substantial fortune, enabling him to adorn his house with luxurious furnishings, including golden dishes. However, it was during his medical training that he encountered the philosophies of Socrates and Plato, which redirected his focus toward genuine beatitude. Consequently, he relinquished all his positions in Baghdad, choosing instead to return to his hometown. In Ray, he assumed the role of the head of Ray Hospital and dedicated his life to the education of students and the treatment of patients, without seeking any personal financial gain.

In *Al-Sirah al-Filasfiyah*, Rhazes presents the idea that studying philosophy serves as a means of resembling God as closely as possible, positing this as the fundamental purpose of creation. In the introduction to *Al-Tibb al-Ruhani*, Rhazes delineates three approaches to philosophy: the first through the method of geometry, the second through the improvement of human ethics, and the third through the application of logic. Like

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Plato, Rhazes followed the second approach, the improvement of human ethics. On account of this, Rhazes authored works intended for both the general public and experts to improve their ethical qualities.

2. Medical Ethics in Rhazes' Works: In Rhazes' view, experiential medical knowledge comprises two components: physical and spiritual. Each component is further subdivided into two types: prevention and cure.

In his philosophy, Rhazes regards physical and spiritual health as interconnected, attributing particular significance to the spiritual health of people, especially physicians. Accordingly, he asserts that, when evaluating physicians, first their ethical qualities should be confirmed, before assessing their theoretical and practical knowledge of medicine.

In his specialized works on medical ethics, such as *Akhlaq al-Tabib* and *Mehna al-Tabib*, as well as in his comprehensive medical books, including *Al-Tibb al-Mansuri* and *Al-Hawi*, Rhazes addresses the ethical qualities required by physicians. Following the enumeration of these qualities, he frequently provides intellectual justifications to support their necessity.

According to Rhazes' ethical framework for medical professionals, there are three distinct categories of ethical qualities: First, the general ethical qualities required for the practice of medicine; second, the specialized ethical qualities required by physicians; and third, the ethical qualities needed for participation in the medical examination.

2. 1. The general ethical qualities required to practice medicine are as follows:

- Maintaining a neat appearance including the face, body, hair, and clothing;
- Being cheerful and articulate;
- Avoiding haste or imprudence;
- Eschewing greed and the accumulation

of worldly wealth;

- Adopting a gentle tone and maintaining a positive disposition;
- Being kind and empathetic;
- Maintaining confidentiality to earn trust;
- Exhibiting humanity and refraining from self-centeredness (without appearing submissive);
- Acting with integrity (the physician may lie if it improves the patient's morale and increases their chance of recovery);
- Abstaining from alcohol consumption (because on the one hand, it impairs cognitive function and increases the likelihood of mistakes, and on the other hand, it lowers the public's respect for physicians);
- Respecting privacy between men and women. This entails maintaining a proper level of separation and refraining from unnecessary eye contact;
- Having the ability to establish a rapport with the patient and thoroughly understand their condition;
- Placing trust in God, acknowledging that the recovery of patients is in His hands.

2. 2. The specialized ethical qualities required by physicians are as follows:

- Demonstrating an unwavering commitment to attending the hospital and visiting the patients regularly;
- Arranging consultations with skilled physicians;
- Providing free treatment to the poor alongside treating the affluent;
- Being present with the patient during treatment procedures, such as vein cutting;
- Testing new treatment methods first on animals to ensure the safety of human lives;
- Initiating treatment with dietary intervention, followed by individual substances (*Mofradat*), and subsequently with compounded medications (*Qarabadin*);
- Abstaining from the utilization of impure medications, such as those derived

from animal waste;

- Restraining the excessive use of beneficial medications (taking into account their inherent potential for adverse effects).

2. 3. The ethical qualities needed for participation in the medical examination are as follows:

There are three stages to evaluate physicians: first, the ethical qualities; second, the theoretical medicine; and third, the practical medicine.

The qualities to be examined in the first stage include:

- The outward and ethical qualifications outlined in the section on the general and specialized characteristics of physicians;
- Inquiries concerning the candidate's current and past circumstances as well as their leisure time.

If it becomes clear that, instead of studying, gaining experience, and improving ethical standards, an individual has been engaged in frivolous activities, then it can be deduced that such an individual lacks the necessary qualifications to practice as a physician.

Those who have chosen to pursue a career in medicine (even after becoming a physician) should always improve themselves both scientifically and ethically.

To conclude, Rhazes presented that the pursuit of philosophy serves as a means of resembling God as closely as possible as the fundamental purpose of creation. He believed the concept of "the improvement of human ethics" is the most efficacious approach to philosophy, emphasizing that enhancing the spiritual dimension of humans is of greater significance than their physical dimension. Consequently, the physician's lifestyle, ethical qualities, and personal beliefs are not private and must be examined before examining their skills in theoretical and practical medicine. This is because the

issuance of medical permits to unqualified individuals not only wastes people's money and lives but also hinders the achievement of the fundamental purpose of creation.

Keywords: Medical Ethics, Rhazes, Akhlaq al-Tabib, Mehna al-Tabib, Al-Tibb al-Ruhani.

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فلسفه درد



کتاب «فلسفه درد» اثر آرنه یوهان وتلسن، با ترجمه محمد کریمی در سال ۱۳۹۹ از سوی انتشارات نشر نو در ۲۰۵ صفحه به چاپ رسید.

زندگی انسان توأم با درد است. از زمان تولد تا لحظه مرگ همه ما به نوعی با درد سروکار داریم؛ بیماری‌های گوناگون، افسردگی، اضطراب، بحران‌های روحی و... انسان شاید تنها دوره‌هایی کوتاه از زندگی را بدون هیچ‌گونه دردی بگذراند. وقتی انسان دچار دردی، به‌ویژه درد مزمن می‌شود، دیگر تصور زندگی بدون درد برایش آرزو می‌شود و حسرت یک لحظه زندگی بی‌درد را می‌کشد. شاید اصلاً دیگر به خاطرش نیاید زمانی که دردی نداشت زندگی‌اش چگونه بود. انگار از جهانی به جهانی دیگر رفته باشد.

ما در هر ثانیه از زندگی دستخوش دردیم؛ البته نه لزوماً به شکل واقعیتهای همیشگی و مداوم، بلکه همواره به شکل یک امکان. حضور درد برای هر کسی فرق می‌کند، اما این که همه عملاً در معرض درد هستیم بین همه انسان‌ها مشترک است. به تعبیر ساده، درد جزء جدایی‌ناپذیر از وضع کلی بشر است. نسبت فرد با درد - دردی که در زندگی‌اش متحمل می‌شود - چیزی نیست که بتوان آن را منحصر بر اساس خود آن فرد تعیین کرد. جامعه‌ای که در آن زندگی می‌کنیم و عصری که به آن تعلق داریم هر یک از ما را به‌واژگان و معیارهایی مجهز می‌کند که با آن‌ها درباره درد باهم گفت‌وگو کنیم و جوانب آن را بسنجیم. اگر از لحاظ بدن و حواس به موضوع بنگریم، درد چیزی است که به شکل خودانگیزخته، سراسر است و مستقیم تجربه‌اش می‌کنیم. طبیعت بدن و حواس ما سبب می‌شود از احساس درد تأثیرپذیر باشیم؛ همان‌طور که از عکس آن، یعنی احساس لذت و سرزندگی تأثیر می‌پذیریم. سازمان جهانی بهداشت نیز اثبات و تعریف سلامتی را بر نفی (مطلق) درد دانسته است.

اما نویسنده در این کتاب بر آن است ماهیت این

تعریف و رسیدن به این هدف را زیر سؤال ببرد. او معتقد است تجربه منفی درد، چنانچه ما فکر می‌کنیم روشن و خودانگیزخته نیست و حتی لزوماً همیشه هم منفی نیست. این کتاب دوازده فصل اصلی دارد که عناوینشان به ترتیب عبارت‌اند از: «نهایت درد: شکنجه»، «درد مزمن یا بیماری»، «درد روانی»، «نقدی بر نگرش اگزیستانسیالیستی سارتر»، «درد به‌منزله پدیده»، «اضطراب و افسردگی»، «وضع بنیادی و تغییرناپذیر وجود بشر»، «انتقال درد روانی»، «نقش فرهنگ در نحوه مواجهه با درد»، «درد و مقوله شر»، «وقتی درد باز تولید می‌شود و به نمایش درمی‌آید...» و «درد همچون انتخابی اجباری در جامعه‌ای...».

در پایان گفتنی است که نویسنده در این کتاب کوشیده است تا ماهیت دو پهلوی درد را بررسی کند؛ این که در زندگی روزمره همواره تلاش می‌کنیم از درد اجتناب کنیم، اما در عین حال جست‌وجوی درد برایمان شورانگیز است. او همچنین مقوله درد را از منظرهای متنوع فلسفی، روانکاوی، نقد فرهنگ و جامعه‌شناسی واکاوی می‌کند تا بتواند جدای از سویه‌های منفی آن به سویه‌های مثبت درد، به‌خصوص در حس اضطراب دست یابد.

زهرا سادات علایی طباطبایی
دانشکده سلامت و دین



پیام سلامت و دین (۶۶)

تلاش و پشتکار، رمز موفقیت است.

مس کامیابی که انسان پرتلاش به دست
می آورد، هرگز نصیب دیگران نخواهد شد

تحمّل افسوس فردا، به مراتب سخت تر
از تلاش امروز برای موفقیت است