

MEDICAL PRACTICE

Unani Medicine, Part I

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Abstract

Unani medicine is an organic synthesis of Greek, Arabic, and Islamic medical knowledge. It enjoys vast popularity in certain parts of the world, and the World Heritage Center, part of the United Nations Educational, Scientific, and Cultural Organization (UNESCO), and the United Nations Foundation list it as an authentic and still-living form of traditional medicine. Despite these facts, contemporary Western cultures know very little about this ancient form of primary health care.

This article is Part 1 of a three-part series. This part will highlight the historical and civilizational beginnings of this medicine while it also investigates the Arabic and Islamic worlds'

subsequent transformation of it into the Unani medicine practiced today. Part 1 also will present a brief primer on the rich philosophical and spiritual framework defining Unani medicine.

In Part 2 of this article, the author will provide some summary remarks about Unani medicine's governing principles and theories, such as the concept of the humors.

Finally, Part 3 will focus on illustrating facets of this medicine's classical and contemporary translations into clinical practice, with further discussion about its various modes of natural therapeutics.

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The Arabic term *unānī* derives from the word *Ionian*, which is a general adjective signifying “things-Greek.” The linguistic translations and transliterations of this word took place among the Greek, Arabic, and Persian civilizations. Historians, however, have used the word more often as an allusion describing a composite system of medicine born of the Arabic world's inheritance of the medical tradition of ancient Greece and defined within the larger framework of the world of Islam (Figure 1).

Figure 1. Ibn Sīna Commemorative Medals.



UNESCO issued a commemorative medal in 1980 to mark the 1000th anniversary of Ibn Sīna's birth. One face of the medal depicts a scene showing Avicenna surrounded by his disciples (inspired by a miniature in a 17th century Turkish manuscript), while on the reverse is a phrase by Avicenna in Arabic and Latin: “Cooperate for the well-being of the body and the survival of the human species.”

The literary sources of Unani medicine—*al-tibb al-yunānī*, sometimes referred to simply as *tibb* or *hikmat* in Pakistan and Afghanistan—were Arabic translations of ancient Greek, Roman, Egyptian, Persian, Indian, and Chinese medical texts. No question exists, however, that the primary textual sources were of

Figure 2. Arabic Physicians Added Hundreds of Medicines to Those Recorded by the Greeks.



In this Ottoman manuscript, two doctors give instructions on the preparation of prescriptions.

Greek origin. The Arabs immersed themselves in the medical knowledge and wisdom contained in the writings of Hippocrates (*Buqarāt*) and Galen (*Jālinūs*)^a as well as Plato (*Aflātūn*), Aristotle (*Aristatīl*), Dioscorides, and Empedocles (*Abrāqlīdis*).

Contemporary historians recognize that the ancient Greek, and to some extent, the Roman intellectual heritage of the West, would have been almost totally lost were it not for the integrating and synthesizing Arabic genius within the Islamic world.² In this

^a For an introduction to the significance of Galen from a thoroughly contemporary Western historical and clinical paradigm, see the special issue of *The Journal of the American Herbalists Guild* (2002;3[1]).

regard, one must marvel at the Arabs' level of care and precision in "first collecting, then translating, then augmenting, and finally codifying the classical Greco-Roman heritage that Europe had lost"³; however,

*So many people in the West wrongly believe that Islam acted simply as a bridge over which the ideas of Antiquity passed to medieval Europe. Nothing could be further from the truth; for no idea, theory, or doctrine entered the citadel of Islamic thought unless it became first Muslimized and integrated into the total world-view of Islam.*⁴

Unani Medicine: Comparisons and Contrasts With Other Health-care Systems

Apart from its impact on world history as a legitimate synthesis of primarily Greek and Islamic civilizational influences, Unani

medicine displays another dimension that is of great importance. Together with the great medical traditions of other civilizations of the past, like the Ayurveda of Hindu India or traditional Chinese medicine (TCM), practitioners continue to preserve Unani medicine. It perseveres, even in the face of modern cultural trends that have moved many nations toward exchanging the old guard of ancient medicine for the shiny hopes and promises of a new system of powerful drugs, healing steel, and high-tech diagnostic tools and machinery.

Practitioners still follow the precepts of Unani medicine today, viewing it as an organic, living, breathing, whole system of health care. It helps millions of people, especially in the Indian subcontinent, Pakistan, Afghanistan, Iran, China, Indonesia, Malaysia, Bangladesh, Sri Lanka, South Africa, and certain sectors of the Middle East, such as Saudi Arabia, Kuwait, and the United Arab Emirates. It shares medical theories, philosophies, cultural iden-

Table 1. The Three Great Traditional Healing Systems and Modern Western Medicine⁵

	Unani	Ayurveda	Chinese	Modern Western
Origins	Persia, ca 980 AD	India, ca 2000 BCE	China, ca 2700 BCE	Europe, United States, late 19th century
Primary dynamic elements	<i>Rūh</i> (spirit force)	<i>Prana</i> (life breath)	<i>Chi</i> (life energy)	Brain and heart
Disease correlates	Humors	<i>Tridoshas</i>	<i>Yin-yang</i> ; chi	Named pathology
Disease causes	Imbalance of humoral temperament	Ama is the "harbinger of misery," the cause of disease	Systemic imbalances; no overriding emphasis on one	Bacteria, viruses, fungi, parasites, metabolic disturbances, trauma
Basis of diagnosis	4 humors: blood, phlegm, yellow bile, black bile	<i>Tridosha</i> (3 humors): <i>vata</i> , <i>pitta</i> , <i>kapha</i>	4 methods of diagnosis of TCM; ie, observation, auscultation, and olfaction; interrogation; pulse taking; and palpation	Based on patient's history, physical examination, laboratory testing
Diagnostic models	Restore balance to humors and organ systems	Concept of <i>Shiva-Shakti</i> ; balance in the <i>tridosha</i> or 3 humors system	Achieve balance of <i>yin</i> (passive) and <i>yang</i> (active) physiological functions	Specifically named pathology
Chief diagnostic modality	Differential, <i>mizāj</i> or temperament assessed for each of the 4 humors	Differential, states of consciousness aligned with each of the 3 humors	Differential; questioning, observation, palpation, and listening; <i>zang fu</i> organ syndromes	Differential, named diseases
Diagnostic tests	Observation, lifestyle, pulse, urine, stool, and palpation	Tongue, pulse, urine, and palpation	Tongue, pulse, and palpation	Urinalysis, radiography, standard blood tests, sampling organ tissues, diagnostic X-rays, angiography (Note: In the United States, medical practitioners performed about \$16 billion in laboratory diagnostic tests in 2011. ⁶)
Pulse diagnosis	Reveals humoral imbalance in organ system; the physician takes with 3 fingers at radial pulse of wrist; evaluates more than 1000 potential factors in seconds	Correlates pulse to the <i>tridosha</i> or 3 humors; the physician takes with the index finger; describes qualities of the pulse in terms of several animals	Direct manifestation of the circulatory energy of the body; classical 5-phase pulse correspondences; the physician takes on the wrist; about 40% reliable as a sole diagnostic method by most TCM practitioners	Speed: fast pulse vs slow pulse
Elements of nature	4: fire, air, water, earth	5: fire, earth, water, air, ether	5: fire, earth, metal, water, wood	22 basic elements of chemistry

Table 1 (cont.). The Three Great Traditional Healing Systems and Modern Western Medicine^{5*}

	Unani	Ayurveda	Chinese	Modern Western
Main dietary influences	Nonalcoholic; regular fasting; nonporcine	Vegetarian	Rice and vegetables	Refined sugars, alcohol, fats, drugs,
Patient's participation and will	Empower patient to make changes in diet and lifestyle	High objectivity	Personal determination	Not significant
Deity of system	Abrahamic Monotheism, primarily God (<i>Allah</i>) of Islam	Polytheistic, pantheistic, nondualistic, gods of Hinduism	Nontheistic Confucianism, Taoism, Buddhism	Secular atheism, agnosticism, modern evolutionary nihilism
Primary treatment modalities	Diet, herbs, fasting, cupping, purgation, baths, <i>attars</i> (essential oils or medicinal scented perfumes)	<i>Panchakarma</i> (detoxification), ⁷ herbs, diet, emetic therapies	Acupuncture, herbs, cupping, moxibustion, diet	Chemotherapy, radiation therapy, pharmaceutical drugs, surgery, rehabilitative physical therapy
Primary treatment objective	<i>Mizān</i> : restore to balance, provoke the "healing crisis"	Clear the entire gastrointestinal tract, regulate the bowels, improve digestion	Tonification of energy	Symptom suppression, killing germs and bacteria, palliative end-of-life management
Some instruments used	Glass cups	Glass cups	Glass cups, acupuncture needles	Ophthalmoscopes, laryngoscopes, radiographs, sphygmomanometers, electrocardiograms, chemical tests of body fluids and tissues
Side effects	Overdose of herbal substances; very rare	Overdose of herbal substances; very rare	Potential for acute symptoms from improper needling techniques or overdose of herbal substances; all very rare	106 000 die annually from improper medications and from severe and frequent drug reactions; ^d very common
Chief complaints	Nonregulation of practitioners; lack of clinics	Nonregulation of practitioners; lack of clinics	Obtuse language	Adverse reactions; patients' dissatisfaction; skyrocketing medical costs
Direction of development	Training practitioners in powers of observation; building schools; sources for formulations	Training practitioners; building schools; developing formulations	Integration with Western hospital medicine	Higher costs; more complex diagnostics; genetic medicine; new health-care reform laws
Typical cost of treatment, USD	\$15-200	\$150-200	\$45-300	\$200-4000

Abbreviations: TCM, traditional Chinese medicine.

*This is a modified version of the table appearing in the reference.

^b A further explication of this figure:

A 1998 report estimated that 106,000 Americans die each year as a result of adverse reactions to prescription medications. This figure represents three times the number of people killed by automobiles and is the fourth leading cause of death in the United States. Only heart disease, cancer, and stroke kill more Americans than adverse reactions to drugs. This staggering figure does not include drugs administered in error nor those taken as a suicide gesture. If medication errors were included in this statistic, the death toll would probably be as high as 140,000 deaths per year. As a result of 39 separate studies nationwide, it was found that 3.2 out of every 1000 hospitalized patients die each year as the result of adverse reactions to prescription drugs in each and every hospital in this country. Of the 106,000 people killed each year by an adverse reaction to a prescription drug, 43,000, or 41%, were initially admitted to the hospital because of the adverse drug reaction. The other 59%, or 63,000 patients, were hospitalized for some other cause but developed a fatal reaction to a prescription drug received while hospitalized.

Quoted from Montague P. Another kind of drug problem. *Rachel's Environment & Health Weekly*. January 7, 1999, by <http://www.drsozy.com/summaryInterest.html>.

tity, and spiritual insights regarding human health and disease with Ayurveda and TCM. Its knowledge and wisdom hail from the traditional Eastern “Orient,” while it contrasts tremendously with the single system of contemporary medicine common to the world of the modern Western “Occident.”^c On his website, Hakim Chishti presents a very useful and indexed comparison among all of the Eastern healing systems whose general points the Table details.^d

HISTORY

Contributions and Influences From Antiquity

A variety of strands of medicine came together at the crossroads of Islamic history, and they proved to be of tremendous significance for the birth of Islamic medicine generally and of Unani medicine in particular.⁸

First in importance was the synthesis of the sciences (including medicine) of the ancient Egyptian and Mesopotamian civilizations into Greek life and thought, centered in Alexandria. The world has discovered the high level of scientific sophistication present in those two civilizations only as a result of recent archeological and anthropological discoveries.^e The Greek intellect forged the medical knowledge of these earlier civilizations into an even more systematic model of diagnostics and therapeutics.

Second, Greco/Hellenistic intellectual energies declined, and the main centers of learning moved further east due to the constantly shifting economic, political, and religious/theological schisms and realities confronting Christendom (excepting continuation of classical learning in eastern Byzantium). This decline encouraged two other civilizations to take up the reins of the transmission of essential elements of Greek knowledge: the Persian and the Harrānian (ie, Sabaeen). The Sabaeans were independent heirs to the Babylonian and Greek scientific estates through their reliance on the wisdom contained in Hermeticism and Neopythagoreanism. Also, in the city of Jundishapur, the Persians enlivened the sciences coming out of India and China. As scholar David Tschanz has summarized,

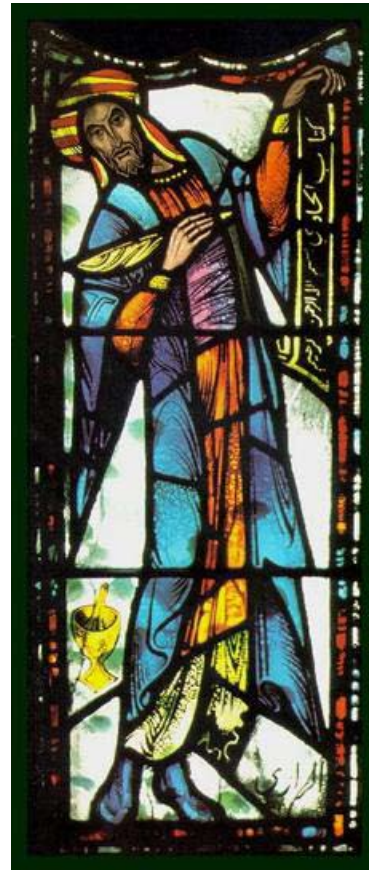
Scientific knowledge that originated in India, China, and the Hellenistic world was sought out by Arab and Muslim scholars and then translated, refined, synthesized, and augmented at different centers of learning, starting at Jundishapur in Persia around the sixth century—even before the coming of Islam—and then moving to Baghdad,^f Cairo, and finally Toledo and Cordoba, from whence this knowledge spread to Western Europe.³

The Torchbearers of Islamic Medicine

With regard to the advent of the Islamic spiritual tradition, the author must mention the intellectual power and genius of the physicians of Islam. If these giants in the field of medicine had not been born, the world could not speak in the present tense of contemporary Unani medicine at all, let alone identify its subtle historical influences upon the character of modern conventional medicine.

Al-Rāzi (Rhazes): Persia, AD 841-926. Abu Bakr Muhammad ibn Zakariyya al-Rāzi was born in the town of Rayy in Persia, near what is present-day Tehran. He is reputed to be Islamic medicine’s greatest clinician (Figure 3). His works include (1) *al-Kitāb*

Figure 3. Al-Razi Memorialized in Stained Glass at Cambridge University’s Medical School, United Kingdom.



^c Please see the thoroughly engaging study on this topic by Edward Said, PhD, in his popular book, *Orientalism* (Vintage Books, 1979). Furthermore, it should go without saying that “Orient” and “Occident” here are terms that transcend time (although one can generalize and say that the world of antiquity was primarily governed by the laws of tradition and the dictates of heaven) and space (although one can summarize the fact that most of what is called the Western world is governed by the laws of secularism dominated by the will of man).

^d This chart is presented here with some substantive additions and modifications by the author of this article to the information as published in the original source, available at www.unani.com/comparison.htm.

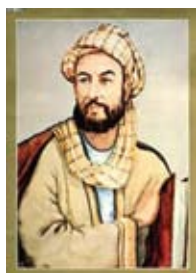
^e The lecture, “The Mesopotamian Soul of Western Culture,” by Simo Parpola of The Institute for Asian and African Studies, University of Helsinki, explores this topic in greater depth. It can be found referenced online at http://www.assyriatimes.com/engine/modules/mydownloads/the_mesopotamian_soul_of_western_culture.pdf.

^f It was in Baghdad, Iraq, where the Caliph Ma'mun founded the very famous Bayt al-Hikma [literally, “House of Wisdom”], a sort of academy in which translators found a convenient working place equipped with the necessary working facilities in order to conduct the highest quality and quantity of manuscript translations demanded of them by the caliph. See Manfred Ullmann, *Islamic Surveys II: Islamic Medicine* (Edinburgh University Press, 1997) for more information.

al-Mansūri (*The Book of Mansūr* [Latinized to *Liber Alman-soris*]), wherein Rhazes delineates principles of medical theory, diet, pharmacology, dermatology, oral hygiene, epidemiology, toxicology, and even climatology and its effects on the human body; (2) *al-Judari wa al-Hasbah* (*Smallpox and Measles*), which was the first treatise ever written on the subject; and (3) his magnum opus *al-Kitāb al-Hāwī* (*The Comprehensive Work or Liber Continens*). This monumental collection of 25 volumes contained all the medical knowledge of the age, including the master's own observations and experiences.³

Ibn Sīna (Avicenna): Bukhāra (Present-day Uzbekistan), AD 980-1037. Abu 'Ali al-Husayn ibn 'abd Allāh ibn Sīna was born in the city of Bukhāra in what today is Uzbekistan. He was the preeminent physician of his time, earning the epithet of "Prince of Physicians" (Figure 4). He began studying medicine at the age of 13, became a physician at 16, attended to kings and princes at 18, and was appointed as court physician to the ruler of a Persian province at 20. His body of work includes (1) *Kitāb as-Shifā'* (*The Book of Healing*), which was primarily a text of encyclopedic proportions on medicine and philosophy and (2) *al-Qanūn fi 'l-Tibb* (*The Canon of Medicine*), a one million-word text summarizing the entire Hippocratic and Galenic traditions and describing the Syro-Arab and Indo-Persian medical practices of his time. The five-volume *Canon* quickly became the standard medical textbook of the Islamic, medieval Christian, and later Indo-Pakistani worlds.

Figure 4. A Portrait of Avicenna.



It is from this remarkable polymath that Unani medicine draws its breath of life. Thus, some historians perceive Avicenna to be the "father of Unani medicine" and his *Canon* its gospel.³

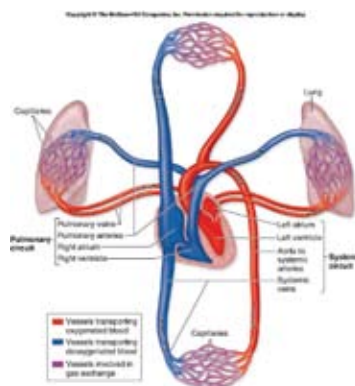
Post-Avicennan Medicine

Ibn Nafis: Syria and Egypt, AD 12th century. Ibn Nafis was born in Damascus and died in Cairo in the 12th century AD. He only recently gained the fame he rightfully deserves as the discoverer of the lesser or pulmonary circulation⁸ (Figure 5), which historians thought that Michael Servetus had discovered in the 16th century.⁸

⁸ There are several studies in recent years that demonstrate incontestably that Ibn Nafis had discovered the lesser circulation of the blood before Servetus. See Ayman O. Soubani's "The Discovery of the Pulmonary Circulation Revisited" wherein this medical doctor and researcher pools together and summarizes a host of earlier literature regarding this hallmark of medical subjects (Ann Saudi Med. 1995;15[2]:185-186).

^h For a more comprehensive sketch of the significance of Albucaasis in the field of surgery, see Dr Omar Hasan Kasule Sr's "Surgery in Islam: A Historical and Current Reappraisal," his lecture to second-year medical students, Kulliyah of Medicine, International Islamic University, Kuantan; 17 October 1998 (<http://omarkasule-01.tripod.com/id289.html>).

Figure 5. Ibn Nafis's Formulation of the Pulmonary Circulation.



Ibn Nafis made his discovery of the structure of the pulmonary circulation (the "lesser circulation") 3 centuries before its rediscovery in Europe by Michael Servetus (d. 1553) and Realdo Colombo (d. 1559), both of whom historians mistakenly had thought for centuries to have been the original discoverers.

Al-Zahrāwī (Albucasis) and Ibn Rushd (Averroes): Morocco and Spain, AD 976-1013 and AD 1126-1198, respectively. Historians consider Abu al-Qāsim al-Zahrāwī from Morocco to be the greatest surgical figure in Islamic medicine. He also was an original thinker in this medical arena. To conduct operations as painlessly and effectively as possible, he invented and manufactured the requisite surgical instrumentation when it did not exist or had existed previously in crude form only. Some of these instruments of surgery have not changed significantly in design for over 1000 years.^h

Abu al-Walīd Muhammad ibn Ahmad ibn Muhammad ibn Rushd⁹ was born in Córdoba, Al Andalus (modern-day Spain), where he trained in law and philosophy, although he made his living as a physician. He wrote *Kitāb al-Kulliyāt* (Latinized as *Colliget* [*The Book of General Principles*]), in which he covered the whole medical field in abridged form.

Figure 6. A Depiction of Humanity's Place in the Universal Macrocosm.



This depiction shows the seven planetary spheres dominated by seven prophetic presences (in time and space), surrounded by the lunar and zodiacal influences and encompassed by the angelic sphere signifying the sacred as infinite and beyond.

Metaphysical and Philosophical Foundations

Unani medicine's philosophical underpinnings are tied to the Islamic spiritual tradition. In fact, the true meaning of *philosophy* as *philo-sophia*, or "love of wisdom-divine," has only accidental affinities to what is termed *philosophy* in the modern lexicon. Traditional philosophy as *philo-sophia* was, and still is, tied to a spiritual vision of humanity and the cosmos (Figure 6).

Epistemology and Ontology

Epistemology and ontology deal directly with the nature of knowledge—what something is, how it is obtained, and how it is used—and the study of existence or being. Since Unani medicine stems from the Islamic tradition, historians must search this spiritual source for the answers to questions regarding its theories on knowledge and existence.

Within the Islamic as well other traditional religious worlds, knowledge has a definite hierarchical structure.¹ This hierarchy maintains the essential links that exist between heaven and earth, between God and humankind. First, the hierarchy provides an acknowledgement of a presiding Divine Knowledge. Arising from that Divine Knowledge is the knowledge found in divine revelation, a perfect dispensation from heaven that enlightens the human intellect.² And as this revelatory knowledge sparks the heart-intellect, it necessarily begins to involve the mind in its quest for knowledge of this earthly domain (*ilm al-dunya*), the physical world.

Ontologically, the being-ness of humanity is intimately connected with the Being of God. God is seen as the Divine Being without which no thing or being can rightfully claim existence for itself. Thus, God's Being is termed *Wājib al-Wujūd* (Necessary Being). In this light, humanity—and everything else in the world of forms—is seen as borrowing its existence from the indispensable nature of the Divine Being.

Cosmology and the Human Microcosm

The basic cosmological premise in Islam, as well as in other traditions such as Hinduism, Christianity, and Judaism, is that the Absolute Truth of Divinity (*al-Haqq*) manifests itself in the world of forms and within the human heart in a process called the "arc of descent."³ A reciprocal "arc of ascent" of the human spirit⁴ occurs

¹Professor Osman Bakar has compiled two wonderful studies on the topic of philosophy (including its epistemological and ontological dimensions) and its relationship to the traditional Islamic sciences in his books entitled *Classification of Knowledge in Islam* (Islamic Texts Society, 1998) and *The History and Philosophy of Islamic Science* (Islamic Texts Society, 1999).

²The word intellect here is used in its original sense, not as a "fallen word" cut off from its true etymologic source as perceived by many of us in the modern world, but as a word signifying that knowing faculty within the human being that knows immediately and without recourse to analytical or discursive thought, a faculty that is constantly in touch with God. It is precisely this faculty of intellectual intuition that the profound mystic of the German Rhine, Meister Eckhart, described as being the "divine spark" within the human heart that is the seat of all true knowledge and wisdom.

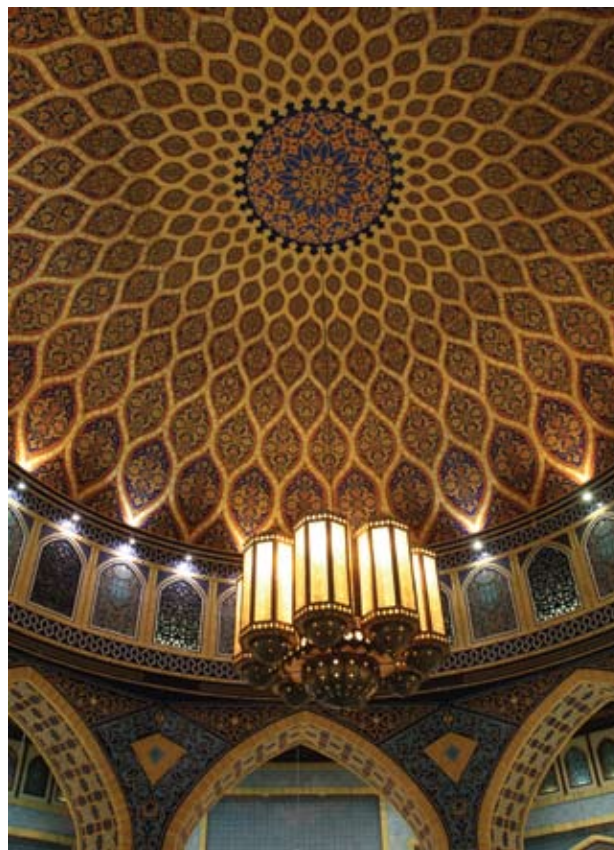
³There is a famous Qur'anic verse [41:53] that addresses this claim wherein the "signs" of God's authorship of creation are known most evidently fi 'l-āfāq wa fi anfusihim ("upon the horizon [of creation] and within their [human] souls").

⁴For a scholarly treatment of this subject, see Seyyed Hossein Nasr's *An Introduction to Islamic Cosmological Doctrines* (State University of New York Press, 1993).

in response to the Divine's "arc of descent." These *adwār* (arcs or cycles) of descent and ascent relate directly to the interdependence of all things on all levels of existence.

Indeed, these traditions perceive everything in creation as acknowledging, in one form or another, the all-pervading Divine Presence (Figure 7). The traditional view sees the human being as the most concentrated theophany (ie, locus of Divine Presence in the world of forms), especially as it concerns the qualities of an active intellect and free will. According to the Hermetic dictum "As above, so too below," the human being acts as a mirror to the Divine. Furthermore, the Sufis (the mystics of Islam) have a popular saying that addresses this reality on the cosmic scale: *al-insān qawn saghīr wa 'l-qawn insān kabīr*; "Man is a small universe, and the universe is a large man."

Figure 7. Ibn Battūta Mall, Dubai, United Arab Emirates.



Traditional Islamic cosmological patterns and forms are manifested in parts of buildings, such as the arch and the dome, and in designs, such as sacred geometric patterns like the diamond or star.

The guiding principle of the dynamic interplay between the Divine Order and the rest of creation is called *Tawhīd*, "the principle of Divine Unity." All traditional sciences agree that creation depends on the Divine, with interdependence among all forms in the cosmos and intradependence of all elements within each specific form. These concepts offer an obvious analogy to the profound knowledge found in the divine Oriental symbol of the Taoist *t'ai chi t'u* or "Supreme Principle of Unity," with the comple-

menting and harmonizing forces of yin and yang. This unity is also known in Islamic cosmological language as “*al-wahdah fi 'l-kathrah wa 'l-kathrah fi 'l-wahdah*,” “the one in the many and the many in the one.”

Unani medicine bases its medical theories of diagnosis and treatment upon a specific understanding of the intradependent relationships that exist among the four humors. This knowledge concerns the subtle (*latif*) aspects of human physiology and of philosophical or spiritual psychology.¹

Teleology and Spiritual Correspondences

The teleological component of Unani medicine’s philosophy entails extracting meaning and purpose as it relates to the realities of creation and the human experience. To what end is human life? What is the goal of all of creation? Does a plan of purpose exist that governs the created order and all of its particular elements?

The Qur’ān explicitly states that “*inna li ‘Llāhi wa inna ilayhi rāji‘ūn*,” “Verily we belong to God and to Him is our return” (2:156). The human race hurtles itself forward in time and space toward an inevitable reunion with its creator. It is this understanding of the nature of things that permits traditional *hakīms* (or doctors of the Unani medical tradition) to find solace in the fact that every patient is ultimately a patient at the doorsteps of the Divine Doctor.

The notion of forcing “heroic” measures upon the sacred human frame is problematic to the philosophical principles upon which Unani medicine is based. This viewpoint in Unani medicine does not, however, perceive surgery and trauma care in a negative light. Rather, the question is really one of proportion. The traditional *tabīb* (“physician”) always has an eye to the Divine within the human temple. This concern is really a cultivated virtue. The

hakīm practices it as part of the art of medicine to remain true to the doctrine that “God is everywhere present,” that in keeping with the wisdom of Plato, it is the “eye of the soul” that witnesses “*tō Agathōn*” (“the Supreme Good”).

Therefore, any decision that a *hakīm* makes must include a risks-to-benefits analysis within the larger ethical framework of the Divine’s presence in human life. As a prayerful supplication of ‘Alī, the son-in-law of the Prophet Muhammad and the spiritual founder of Shiite Islam, presents this attitude: “*Yā man Ismuka dawā’, wa dhikruka shifā’*,” “Oh Ye whose Name is a sacred medicine, and in whom remembrance of Thee [*dhikruka*] is a healing balm. . .”

Editor’s note: Upcoming issues of IMCJ will publish Parts 2 and 3 of this series.

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