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Medical Sects in Islam

The author is a well-known Iranian scholar who has edited, either alone or jointly with other scholars, numerous classics of Islamic philosophy, mysticism, jurisprudence, etc. Among these are: Sabzawari's *Sharh Ghurar al-fara'id* (*1348 H.Sh*) (which he, together with T. Izutsu has also translated into English), Nasir Khusro's *Diwan* (*1357* H.Sh), `Abd al-Razzaq Lahiji's *Shawariq al-'ilham fi sharh Tajrid al-kalam,* Shaykh Hasan ibn Zayn al-Din's *Ma`alim al-din wa maladh al-mujtahidin* (*Ma`alim al-usul*), Abu `Abd Allah Muhammad ibn Abi Bakr Tabrizi's *Sharh-e bist-o panj muqaddameh-ye Ibn Maymun.*

Introduction

In the history of Greek medicine three main schools were notable, namely the empiricists (*Ashab al-Tajarib*), the dogmatists (*Ashab al-Qiyas*), and the methodists (*Ashab al-Hiyal*). Different opinions and arguments of these sects can best be seen in two works of Galen: "On Medical Sects for Students" (*Fi firaq al-tibb li al-muta'allimin*) and "On Medical Experience" (*Fi al-tajribah al-tibbiyyah*). In his work, *Pinax,* which is in fact a list of his own works, Galen advises the students to start their studies by reading "On Medical Sects."

Hunayn ibn Ishaq, who translated this book into Arabic, says that the purpose of Galen was to bring side by side the arguments of these three sects, which differ from each other by genus. Hunayn also adds that each of these sects includes smaller divisions which differ from each other by the species. This book, known as *De sectis* in Latin, was one of the sixteen works by Galen which were compulsory for the medical students of Alexandria.

Galen's "On Medical Experience" was translated by Hunayn from Greek into Syriac and by Hubaysh from Syriac into Arabic. In this work, Galen creates an imaginary court in which the representatives of each school demonstrate their positions and refute the positions of the other schools. He starts his work by saying:

The art of healing was originally invented and discovered by analogy (*qiyas*) in conjunction with experience (*tajribah*) and today also it can only be practised excellently and done well by one who employs both of these methods.

Although his position is made clear in the above passage, yet he disassociates himself from either of the two sects, namely the dogmatists and the empiricists, in the following statement:

You must not allow yourself to think that what I am about to say first against empiricism in this book is my own personal opinion, or that the second argument I use in support of empiricism is my own view. Rather I shall let one of the dogmatists bring forward the first argument, which is similar to Asclepiades' view, and the second argument shall be laid down by a representative of the empiricists, Menodots if you like, or Serapion, or Theodosius."

At the same time as the Greek medical heritage was being transmitted into Arabic, arguments concerning the nature of these sects were taking place among Islamic physicians.

Al–Mas'udi states that at the time of al–Wathiq, the `Abbasid caliph, a group of philosophers and physicians, among which were Bukhtishu`, Ibn Masuyah, Hunayn and Salmuyah, were asked by the caliph about the origin of medicine and whether it was sense experience, reason or tradition.

One of those present spoke about the arguments of each sect on these matters. When al–Wathiq asked about the opinion of the majority of the physicians, they unanimously declared that they are in favour of the dogmatists.

Ishaq ibn Hunayn in "The History of Physicians and Philosophers" quotes John Philoponos as saying that Asclepius, who was the first physician, invented medicine with the help of experience. And after mentioning the physicians who appeared after Asclepios, Ishiq continues as follows:

They considered experience and analogy as the most –correct methods of medicine. Medicine thus continued to be transmitted from those pupils to those members of their families whom they taught and left behind.

When Plato appeared and studied the treatises, he realized that experience alone was bad and dangerous and that analogy alone was not correct. Therefore, he considered the two views together as correct. He burned the books which they had composed and left the old books which contained the two views together.

Ishaq mentions that after Plato, Hippocrates the son of Heracleides remained as the unique man of his time, the man of perfect virtue, the one who had become proverbial, the philosopher–physician. He strengthened the art of analogy and experience in a marvellous manner, so that no blame would be able to dissolve it and tear it apart. Then he continues:

When Hippocrates died, he left behind children and pupils from the clan of Asclepios and other clans. Medicine continued to be transmitted from those physicians to those whom they taught, until the time of the appearance of Galen. The noteworthy physicians in the interval between Hippocrates and Galen are quite a few.

After mentioning Hippocrates and Galen, who supported experience together with analogy, Ishaq refers to methodism as follows:

Among them there was one who held a different opinion and composed books on the procedures of methodism in the craft of medicine. He wanted to corrupt the people and to lead them away from the belief in analogy and experience. Some physicians continued to accept methodism, and others did not, until Galen appeared. He disapproved of methodism, destroyed it, burned the books that existed on it, and invalidated that technique.

As mentioned above, in the 3rd/9th century, scholars and physicians paid special attention to these three sects and their arguments. What was agreed upon was that experience and analogy should be used together to solve medical issues and that each one alone was not valid. This point has been made clear by Ibn Abi Sadiq Nishaburi (fl. 5th/ 11th century) in his "Commentary on Hippocrates's Aphorisms".

In connection with the first aphorism, that is "Life is short, and art is long, the occasion fleeting, and experience is dangerous and analogy is difficult" (*al–`umr qasir wa al–sina`ah tawilah wa al–waqt dayyiq wa al–tajribah khatar wa al–qada 'asir*), Ibn Abi Sadiq comments that if experience is not based on analogy and not founded on a principle and rule it can be very dangerous. On the other hand, analogy, which is difficult in itself, cannot be used as a source for other arts, without the help of experience.

The most comprehensive account on the medical sects is given by the Iranian physician Ibn Hindu of Qumm (d. 420/1029) in his book entitled "The Key to the Science of Medicine" (*Miftah al–tibb*).

The sixth chapter of *Miftah al–tibb* is devoted to the medical sects, a summary of which is as follows:

Each of the various medical `sects' has its own particular view and method in recognizing illness and treating it. The physicians agree that the goal of medicine is to confer the benefit of health; that is, to give health to sick persons. On the method of obtaining the things which are beneficial to health, however, they differ. Some say that such thins are obtained through experience (*tajribah*).

These are called `empiricists'. Others believe that experience alone is not enough, but that is must rather be combined with analogy (qiyas); these are called the `dogmatists'. There is also a third group, called the `methodists' (*ashab al–hiyal*), because they imagine that they have, through clever tactics, cut short the science of medicine, purifying it of the superficialities and accretions with which the empiricists and dogmatists preoccupy themselves.

Ibn Hindu, after introducing the three sects, goes on to describe and characterize each of these sects as follows.

The Empiricists – Ashab al-Tajarib

The empiricists say that medicine is derived from experience, experience being the knowledge which is obtained through the senses. They also say that the principles and rules of medicine result from four things: incident (*ittifaq*), intention (*iradah*), comparison (*tashbih*), and the use of something in one case that was used in another similar case (*naql min shay' iki shabihihi*).

`Incident' is in turn divided into two parts: natural incident, such as a nosebleed, a sweat, vomiting, or something similar which occurs naturally and which brings either benefit or harm; and `accidental' incident, which occurs in a human being neither naturally nor through his intention, and which similarly results in either some benefit or some harm. An example of an accidental incident is when a sick person falls and blood flows out of him.

`Intention' means when something is experienced by choice; the motive for such an `experience' may be something seen in a dream or other similar thins.

`Comparison' is when the physician employs one of the three instances mentioned above (that is intention, natural incident, or accidental incident) when a new case presents itself. For example, when he sees that his patient, who has a bloody fever, obtains relief through a flow of blood from his nose, whether that occurs naturally, accidentally, or through his personal will, then he will try drawing blood in similar illnesses.

Finally, *naql* is the method employed when the physician encounters an illness which he has not seen before, or which he has seen but for which there is no proven treatment. In this case he will resort to *naql,* that is he will use a medicine which has been proven in the case of one illness in a similar illness, or will use a medicine proven in the case of one organ of the body for another similar organ; or if he does not have access to the proper medicine, he will use a similar one.

The Dogmatists – Ashab al-Qiyas

The dogmatists hold that there is no doubt that sense and experience are the root and principle of all sciences and arts, but these must be subject to the instruments of thought. They say that the rules of medicine and of other arts must be derived through thought and analogy; that is, the determination of unknown things through things which are known. It is through the use of thought and analogy that the various natures and constitutions may be known, and through which the faculties which are the cause of changes in the body may also be known.

Causes of changes in the body are of two types. One is that which necessarily results in alteration: such as climate, movement and rest, food and drink, sleep and wakefulness, and constipation and looseness, as well as mental occurrences such as sorrow or happiness, anger or joy. The second type of .cause is that which results in a change in the body without that change being necessary: such as the change

which appears as the result of the blow of a sword, the attack of a wild animal, or burns inflicted on the body.

It is also necessary to know the type of illness which the physician intends to treat, for if it is not known it will not be possible to take it away from the body. Finally, one must know the extent of the illness in order that the type of treatment be determined. The extent will vary in accordance with the following factors: the bodily strength of the patient, age, temperament, the season in which the illness appears, the weather on the day it appears, the type of city the patient lives in, and his habits and profession.

The difference between these two sects is that when a patient comes to an empiricist he refers to his previous experience of persons who have had the same type of illness to the same degree, and who are of similar age and temperament. Then he prescribes the same medicine which proved effective in the past. The analogist will, however, on the basis of the same evidence – that is age, temperament, habits, and residence – envisage a general rule with regard to each type of sickness, and when he is presented with a new case will refer to that rule.

The methodists – Ashab al–Hiyal

As for the methodists, they examine neither the causes of illnesses, nor the habits and age of the patient, nor the times of the year, temperament and residence, bodily strength or the members of the body. They do not pay attention to each separate and particular case in itself, and they say that such cases are unlimited.

Their attention is directed instead to a knowledge of the most general aspects which consist, according to them, either of `constipation' and `looseness', or a combination of the two. By `constipation' they mean the trapping of waste which should normally be eliminated from the body, such as the retention of urine and other such things. By `looseness' they mean an excess in the elimination of these same wastes, such as constant urination and the like. By a combination of the two, finally, they mean a sickness which combines both the conditions, such as an eye which is swollen but which is at the same time constantly tearing.

The methodists state that the treatment of these three general illnesses is accomplished either through the management of food and drink, through rest and movement, or through sleep and wakefulness.

Ibn Hindu finally declares that the dogmatists are correct, and goes on to demonstrate the invalidity of both the empiricist and methodist schools. He concludes that it is the dogmatists who hold out the possibility of progress in methods of diagnosis and treatment. The empiricists, because they do not believe in analogy, are extremely limited in this area As for the methodists, who do not deal at all with particularities but pay attention only to certain general aspects, are subject to many errors.

In this paper an attempt was made to show that the arguments of the three Greek medical schools were

continued among the physicians of the Islamic world. In spite of the fact that among the Greeks attention was paid to experience and analogy together, it appears that Islamic physicians were more in favour of analogy. It can be suggested that this is due to the influence of logic in the centres of scholarship. The influence of logic is evident not only in medicine but also in Arabic grammar and Islamic jurisprudence. It is hoped that more research would be carried out on this point.

Notes

1. Edited by Muhammad Salim Salim (Cairo 1978).

2. Edited by Richard Walzer (Oxford 1944).

3. Introduction of MS of Galen's "On Medical Sects," p.4.

4. Hunayn ibn Ishaq, *Risalah ila `Ali ibn Yahya, fi dhikr ma turjima min kutub Jalinus*, edited by Bergstrasser (Liepzig 1925) p. 4.

5. Ibn Jumay', *Treatise to Salah ad Din* on *the Reviual of the Art of Medicine,* edited and translated by H. Fahndrich (Wiesbaden 1983) p. 19.

6. Galen, "On Medical Experience," p.85.

7. Ibid., p.87.

8. Al Mas`udi, *Muruj al–dhahab, edited* by Charles Pellat (Beirut 1973) vol.4, p.373.

9. Ishiq ibn Hunayn's Tariq *al–'atibba'* by Franz Rosenthal, Oriens, No 7 (1954), pp. 75 and 77.

10. *Ibid.,* p.77.

11. *Ibid.,* p.78.

12. Ibn Abi ' Usaybi'ah, '*Uyun al–'anba' fi tabaqat al– atibba; edited* by Nidar Rich (Beirut 1963–65) p.461.

13. Hippocrates, "Aphorisms", in *The Genuine* Works *of Hippocrates,* translated by Francis Adams (Baltimore 1936) p.292 and *The Medical* Works *of Hippocrates,* translated by John Chadwick (Illinois 1950) p. 148.

14. Buqrat, *Kitab al–fusul* (MS No. 5205, Astan–e Quds Library, Mashhad, Iran).

15. *Sharh Kitab al–fusul,* MS Osler Library, Montreal, No. 7785/66, p.3.

16. Edited by M. Mohaghegh and M. T. Danishpajuh (McGill Institute of Islamic Studies, Tehran Branch 1989).

17. M. Mohaghegh, *Miftah al-tibb wa minhaj al-tullab* (A summary translation) Medical Journal of the Islamic Republic of Iran, vol. 2, No. 1. (Tehran 1408/1988) pp. 61-63.

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