

New Definition of Islamic Medicine: 'Neo-Islamic Medicine'

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Abstract

The definition of Islamic medicine and its various perspectives are presented. Islamic medicine is difficult to define unless the context of the definition is established. The paper discusses the various contexts in which it can be defined. Primary among these are historical, indigenous, contemporary, and ideological concepts. The author suggests a consensus to be reached within the Islamic scholarship and proposes that the new definition should be categorized by the term "neo-Islamic medicine."

Key words: Islamic medicine, Muslim medicine, history of Islamic medicine, definition of Islamic medicine, neo-Islamic medicine.

It is difficult to define "Islamic medicine" unless the context in which it is being defined is clarified. Most authors refer to Islamic medicine in the historical context.

In the historical context, Islamic medicine can be defined as the medical knowledge gathered by the early Muslims during the early Islamic period of history from various existing sources including, but not limited to, the Greek, Syriac, Byzantine, Indian, and Chinese. During the middle and later periods of Islamic history, Muslims added their own observations, experimentations, and analytical deduc-

tions. This body of knowledge then became a flourishing science and art of medicine that was learned by the physicians of the day and held as the only practice of scientific medicine for more than a millennium. During this Islamic epoch it was the only medicine that was scientific, logical, and analytical. This body of knowledge then was systematized, manuscripted, and made into volumes of manuscripts and books that were available to scholars and physicians of the day in various libraries, both royal and private, and held in the private collections of notable physicians of the day. There were extensive commentaries that were written analyzing and criticizing the earlier texts, and a scientific discourse took place in order to improve the observations and findings of the earlier physicians and authors. This scientific medicine formed the basis for the practice of medicine of the day, had a tremendous impact on the health of the populace, and led to the development of hospitals, pharmacies, medical schools and medical universities. It also led to an attempt at systematization in the evaluation and licensure of physicians so that quacks and charlatans were prevented from practicing, thus preventing them from preying on the public's confidence, a practice that was rampant

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and prevalent in areas of Europe during the concurrent period of history called the "dark ages of Europe." It also led to all the knowledge being accumulated and systematized in volumes of compendia. The impact of this accumulation of knowledge in medicine was so great that it led to the following statement being made by Emilie Sauvage-Smith, professor of the history of medicine at the Wellcome Library of the History of Medicine: "The medicine of the day was so brilliantly clarified by these compendia (especially those by al-Majūsi and ibn Sīnā) and such order and consistency was brought to it that a sense of perfection and hence stultifying authority resulted."

The next definition of Islamic medicine is in the present day "indigenous practice" or "contemporary" context. Islamic medicine continued to be practiced in the Islamic lands until the 17th and 18th centuries. Then, with the rise of modern medicine, the practice of Islamic medicine declined. The germ theory revolutionized the treatment of infections by modern medical therapies and the development of antibiotics even led to even greater strides, especially in curing dreaded infections. These, coupled with preventive health by vaccinations and immunizations and the improvement in sanitation, led to saving thousands of lives. These developments of modern medicine far outpaced any notable developments in Islamic medicine, which had withered like its supporters in the Muslim political regime. As Muslim lands became colonized and subservient to Western interest, Islamic medicine heard its last death knell as it continued to be replaced by modern medicine even in Islamic lands. Everywhere, except in the Indian subcontinent, where, thanks to the Mogul rulers, Islamic medicine continued to enjoy some favor. Even in this, its last bastion, it became weak and debilitated having suffered at the hands of advancing British armies of colonization and the modern medicine that they brought with them. Thus, Islamic medicine deprived of most of its innovative, analytical, scientific, inquisitive, and experimental capabilities, survived as a practice of medicine that remained almost unchanged from the time of its greatest exponent, 'Abū 'Alī al-Husīn ibn 'Abd'āllāh ibn Sīnā (b: 980 c.e. [370A.H.] d: 1037 [428 A.H.]) whose book the famous "al-Qānūn fil-Tibb" (the Canon of Medicine) still is regarded as the bible of indigenous Islamic medicine. This medicine still continues to be practiced to this day in the Indian subcontinent as "Yūnānī medicine" and can be called the indigenous or contemporary Islamic medicine.

Can, then, Islamic medicine be defined in modern terms? What does Islamic medicine mean to a Muslim physician who has graduated from Harvard and who has learned to look at medicine in critical terms of diagnosis, procedural codes, performance, outcomes, peer review; other new phrases such as HMO, PPO, MCO; and even distressing words such as "capitation?"

Yes, of course it can. These very words describe the initial big stumble of modern medicine. For modern medicine has become a commodity, and like other commodities in the market, it is traded and sold to the bidder who provides the least expensive service with little or minimal regard to the quality of outcome or performance, but the highest regard for economics. Thus, modern medicine has made the patient lose respect for the physician. The physician is no longer a confidante, an empathizer, a restorer of confidence, but one who essentially has become a provider of a service. If the service provided fails any community-set standard, the physician deserves to be punished and, if necessary, banished from providing the service.

In the light of these shortcomings of modern medicine, Muslim physicians need to redefine Islamic medicine, perhaps with a new definition that may appropriately be called "neo-Islamic medicine."

Neo-Islamic medicine then can be defined as the practice of medicine that not only encompasses all the technological advances of modern medical machinery and incorporates all the proven and acceptable formulas of the modern pharmacopoeias, but also should include all other rational alternative therapies to give the practice of medicine a truly holistic context incorporating both the body and the soul and include in it the benevolence, munificence, mercy, and "Raḥmah" of Allāh [SWT], the creator of the body and soul. In addition to the patient, it is to Allāh alone that the physician has the ultimate responsibility and to Him alone does he have to answer for all his actions, interventions, and treatment of his or her patient.

With the inclusion of this spirituality, a holistic philosophy, a respect and confidence could be restored to modern medicine with the hopeful return of a strong doctor-patient relationship.

Thus, neo-Islamic medicine does not necessarily have to start at the beginning. Much in the same way as the early Islamic physician adapted the extant Greek, Syriac, Byzantine, Indian, and Chinese medicine and accepted what was good and rejected what was bad or un-Islamic, thus "Islamicizing" it, so also modern medicine can be Islamicized, accepting what is good and Islamically acceptable and discarding what is bad and un-Islamic.

The definition of neo-Islamic medicine is: the most modern and technologically advanced medicine practiced within the guidance of the Glorious Qur'ān and "Sunnah" (Prophet's traditions and sayings) and within the confines and laws established by the "Sharī'ah" (Islamic jurisprudence) of Islam.

References

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