ASIAN MEDICINE

NEWSLETTER of

International Association for the Study of Traditional Asian Medicine

December 1998

Editorial

Dear Colleagues,

Interest in traditional Asian Medicine and the relations between different medical systems has grown substantially in recent years. This is also evidenced by the wide range of contributions received for the current issue of the IASTAM newsletter. Admittedly, Dominik Wujastyk and Charles Leslie have been particularly helpful in revitalizing the newsletter by gently twisting people's arms to send in contributions. A grateful THANK YOU! to both of them.

If you wish to receive future issues, simply follow the subscription guidelines provided on the last page. Please do send in your research findings, information about research networks, forthcoming publications, vignettes, PhD projects, initiatives, points for discussion, and conference announcements. Letters for publication are particularly welcome. And, why not volunteer to do a review for the next issue? Please, paste your write-up into an e-mail message to WER@soton.ac.uk or, if you prefer, you may send a disk together with a hard copy to me at Southampton.

The number of members of IASTAM has risen so that future contributors to the Newsletter can look forward to an expanded readership.

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Avicenna's Links with Chinese Medicine. A Chapter of the History of Sino-Arabic Relation During the Middle Ages.

Zhu Ming and Felix Klein-Franke

Western standard works of the history of Islamic civilization give scanty information about cultural and medical exchanges between the Chinese and Muslims. The Cambridge History of Islam, with its two volumes that comprize nearly 1,900 pages, contains little information on this topic; there is no chapter on Islamic medicine, let alone on Rashid ad-Din's (1247-1318 A.D.) translation of Chinese medical literature, which he called Tansuqnamah. In his great work Science and Civilization in China Joseph Needham mentioned Rashid ad-Din, but did not research into the Tansuqnamah. The standard work of Islamic studies, the Encyclopaedia of Islam does not even mention the merits this great Muslim historian won by translating Chinese medical literature into Arabic and Persian.

Islamic medicine originated in the 9th century when Muslims got access to the bulk of Greek medical literature which was then translated into Arabic. Through the translation of most of their writings Hippocrates and Galen became the greatest authorities for Muslim physicians, and Graeco-Arabic medicine became a branch of western medicine. Galen was held in such great esteem that the physician Muwaffaq ad-Din Ya'qub ibn Saqlab (d.1227 A.D.) was able to recite by heart whole books of Galen and commentaries to the Corpus Hippocraticum 'without adding or skipping anything', as the historian Ibn Abi Usaibi'a (13th century) reports.

Modern historians of Islamic medicine are generally unaware of the fact that at times Muslim physicians, especially in the eastern part of the Muslim empire, got access also to Chinese sources.

Being himself a physician Rashid ad-Din was interested in Chinese medicine. Taking advantage of his position as Grand Visier under the government of three emperors of the Mongol Ilkhan dynasty, he ordered one of his pupils to go to China and collect Chinese medical literature which he then had translated into Persian and edited. He called the collection Tansuqnamah which means 'Book of Precious Information'. Rashid ad-Din gave the book the subtitle 'Ilkhan's Treasure Book of Chinese Science'. Only one part of this book, together with Rashid ad-Din's extensive preface, has been preserved in a unique manuscript in Istanbul. (1)

The remains of the Tansuqnamah have been identified by us as a supercommentary of the Mai Jue, the 'Pulse Poem', which was very popular in China during the Song-Jin-Yuan Dynasties (12th to 14th centuries). At the time, the Mai Jue was wrongly attributed to Wang Shuhe. This mistake was repeated also by Rashid ad-Din - although the correct name Mai Jue is mentioned in the Tansuqnamah. The quotations from the Mai Jue have been embodied into the Tansuqnamah in its original Chinese version, transliterated into Arabic letters, together with explanatory remarks. (2)

When we re-read Avicenna's Canon of Medicine we still had our research into Rashid ad-Din's Persian translation of Chinese medical literature fresh in our minds, and we were struck by the similarity between some of Avicenna's and Chinese medical theories. Commenting upon these and other similarities, for example the circulation of the blood described by the Muslim physician Ibn an-Nafis (d.1288 A.D.), Joseph Needham wrote: '[Such similarities] invite the question – or is it but a wild surmise? – as to wether Ibn an-Nafis and his contemporaries in the Arabic world could have been influenced by Chinese medical physiology...We are not, we find, the first to propose such an influence, for Li Thao [Li Tao, a Chinese historian in the 1940s], impressed by the dominance of Avicenna's pulse-lore in European medical schools such as Montpellier down to a late date, though not mentioning [Ibn] al-Nafis, felt that on his account there was a strong Chinese background to the discovery of William Harvey' (Celestial Lancets, Cambridge, 1980, p.35 f.)

Our paper proves that parallels and similarities between Chinese and Muslim medicine are no 'wild surmise' but a reality. We can support this claim with historical evidence. In this paper we focus our attention on Avicenna (Arabic: Ibn Sina, 980-1037 A.D.). He was one of the greatest Muslim physicians and philosophers. His Canon of Medicine was a standard book for medical education, and its Latin translation, edited in Venice 1507 A.D., also served as an indispensible text-book for medical education in Europe until the 17th century.

Before looking at the Canon's 'Chinese background', we need to discuss a question which Avicenna himself invited by calling his philosophy mashriqi, i.e. 'oriental'. Much ink has been shed by scholars on the correct spelling of this Arabic word. Spelling it mushriqi, it means that Avicenna called his philosophy 'illuminative'; whereas spelling it mashriqi,

namely 'oriental', the word was interpreted as Avicenna's wish to distinguish his philosophy from that taught in Baghdad by commentators trained in Aristotelean philosophy. Both explanations – 'illuminative' and 'oriental' – make sense. Hossein Nasr recently argued that both concepts complement each other.(1)

However, another reading may be possible: by calling his philosophy 'oriental' Avicenna might have implied its links with Far Eastern sciences and wisdom - in particular as China held at the time a leading position in science and technology (paper-making, book-printing, compass, gun-powder etc). Although he had adopted many of Aristotle's ideas, by calling his philosophy 'oriental' he might have wanted to stress that he was open also to influences from the Far East.(3)

In the days of Avicenna, the two main channels of contact between the Chinese and Muslim peoples were the ancient continental Silk Road, leading westwards from north-west China, and the 'oceanic Silk Road', connecting the south-west coast of China with India and Persia. This latter route especially served the exchange of herbal drugs and medical knowledge between both sides (4). This is evidenced, as far as China is concerned, by the work of Hai Yao Ben Cao ('Materia Medica from the Oceanic Route'), written by Li Xun, a Persian who knew Chinese well and who became a Chinese poet. More than fifty kinds of herbs were imported from Persia and other Muslim countries. The names of Chinese herbs which were exported to these countries, have been recorded in the book Song Hui Yao ('Historical Records of the Song Dynasty', 960-1279 A.D.). The wide-spread use of herbal medicine by Muslim physicians is attested already by al-Kindi (9th century A.D.) in his pharmacopoeia. In China, the Uygurs were very instrumental as mediators (Hans Haussig. Die Geschichte Zentralasiens und der Seidenstrasse in islamischer Zeit. Darmstadt 1988, p.216 f.).

The extent to which western medicine influenced Chinese physicians is revealed in recent approaches to Hui Hui Yao Fang (HHYF), meaning 'Islamic Formulary'. (5) The HHYF was presumably published before 1367 A.D., when the Yuan Dynasty ended. Of the remaining book only four chapters are extant, namely 'Chapter of Contents' (Part II, Chapters 12, 30 and 34).These are hand-written transcriptions from the Ming Dynasty (1368-1644 A.D.), based on the original Yuan edition. For instance, Chapter 12 contains 199 Islamic drugs which have been cited 1,168 times throughout the book. Of these 149 drugs have been identified. The remaining parts of the book refer to 517 drugs in Arabic (or Persian) script, accompanied by their Chinese transliteration. (6)

Our argument that Chinese medicine was not alien to Avicenna can best be supported by quoting his Canon of Medicine. We payed special attention to the chapter of Materia Medica and his pulse diagnostic theory.

Avicenna has dealt with sphygmology in several of his medical writings: for example in his Canon of Medicine (first book, third ta'lim, first djumla) and in a monograph called ar-Risala fin Nabad ('Treatise on Pulses'). In his 'Treatise on Pulses' Avicenna enumerates at least nineteen kinds of pulse-qualities. Thus a pulse can be (A: Arabic, P: Persian):

1. long (A: tawil), 2. short (A: qasir), 3. moderate (A: mu'tadil), 4. broad (A: arid), 5. narrow (A: dayyiq), 6. tall (A: mushrif), 7. depressed (A: mukhafid), 8. coarse (A: ghaliz), 9. large (A: azim), 10. small (A: saghir), 11. quick (A: sari'), 12. slow (A: bati'),13. uninterrupted (A: mutawatir), 14. interrupted (A: mutafawit), 15. smooth (P: narm), 16. hard (P: sakht), 17. full (P: pur), 18. empty, void (P: tahi), 19. even (A: mustawa).

These pulse-qualities, Avicenna explains, can be categorized under the following ten aspects: 1.measures, 2. speed and slowness, 3. strength and weakness, 4. continuity, 5. heat and cold, 6. softness and hardness, 7. fulness and emptiness, 8. evenness and variety, 9. order and disorder, 10. weight.

According to Galen there are nine qualities distributed over three groups. The qualities of the first group are long, medium and short; those of the second group are broad, medium and narrow; whereas those of the third group are high, medium and low. Each pulse has three qualities, taken from each of these three groups. Thus there were 27 possible combinations or kinds of mixed pulses. Galen qualified them in the following way:

1. long-broad-high, 2. long-broad-medium, 3. long-broad-low, 4. long-medium-high, 5.long-medium-medium, 6. long-medium-low, 7. long- narrow-high, 8. long-narrow- medium, 9. long -narrow-low, 10. medium-broad-high, 11. medium-broad-medium, 12. medium-broad-low, 13.medium-medium-high, 14. medium-medium- medium, 15. medium-medium-low, 16. medium - narrow-high, 17. medium-narrow-medium, 18. medium-narrow-low,19. short-broad-high, 20. short-broad-medium, 21.short-broad-low, 22. short-medium-high, 23. short-medium-medium, 24.short-medium-low, 25. short-narrow-high, 26. short-narrow-high, 27. short-narrow-low.

This table of possible combinations of pulse-qualities is typical of Galen's formalism as when he developed a fourth logical figure out of the three

Aristotelean ones. Compared with Galen's inflexible construction, Avicenna's list of pulse-qualities breathes the vivid air of clinical experience.

Since antiquity the correct analysis of the different qualities of the radial pulse was the core of Chinese medical diagnosis. In the second century A.D., namely in the days of Galen, Wang Shuhe, a great Chinese physician, elaborated an exact sphygmology based upon detailed analysis of the pulse-qualities. In his Mai Jing ('The Pulse Classic', reprinted by The People's Hygiene Press, Beijing 1982) he referred to 24 pulse-qualities. These are:

1. fu mai floating pulse, 2. kou mai void pulse, 3. hong mai grand pulse, 4. hua mai slippery pulse, 5. shuo mai rapid pulse (or quick), 6. cu mai irregular-speedy pulse, 7. xian mai wiry pulse, 8. jin mai tense pulse, 9. chen mai deep pulse, 10. fu mai hidden pulse, 11. ge mai void-tight pulse, 12. shi mai excessive pulse (or full), 13. wei mai feeble pulse, 14. se mai hesitant pulse (or hard), 15. xi mai thready pulse, 16. ruan mai soft pulse, 17. ruo mai week pulse, 18. xu mai deficient pulse (or empty), 19. san mai loose pulse, 20. huan mai moderate pulse, 21. chi mai slow pulse, 22. jie mai interrupted pulse, 23. dai mai interval pulse, 24. dong mai moving pulse.

It can be seen that Avicenna's pulse theory has not much in common with that of Galen. While Galen's sphygmology is based upon the quantities of measurement (namely short and long, high and low, etc), Avicenna added many sorts of pulse-qualities (such as slow, interrupted, smooth, full, large, depressed). Without using Galen's rigid formalism, Avicenna's pulse-theory resembles that of Chinese medicine. Many kinds of pulse-qualities overlap with each other (for example, moderate, depressed (or empty) slow, interrupted, quick (or rapid), full (or excessive), deficient (or empty) and even pulses - in Zhang Zhongjing's Treatise on Febrile Diseases, 2nd century A.D.).

We can easily find the counterpart to Avicenna's nineteen pulse-qualities in Chinese pulse-theory. Avicenna, however, did not name any Chinese source of his theory of the pulse, although the similarity between his and Chinese pulse theory extends even to the way the qualities of the pulse are described. For instance, Avicenna dealt with the symptoms that indicate fullness (imtila'), caused either by blood-stagnation or by excessive energy. While blood-stagnation, as he explains, is caused by excessive quantity of blood, the latter results from evil quality of energy. He also uses the term 'vital power' to elaborate the heart-function resulting in the pulse. Energy (Qi) is the central concept in Chinese medicine. So, we get the impression that Avicenna's explanations are close to Chinese concepts.

The chapter on 'Materia Medica' opens the second book of the Canon of Medicine. Among the natural drugs recorded there are sixteen of which Avicenna notes that they are 'imported from China' (yujlab min as-Sin). Avicenna adds that for the preparation of certain drugs the 'Chinese species' was sometimes to be prefered to other species of the plant. This means that Avicenna was well aware of the advantage of Chinese medicinal plants.

All who study Arabic botanical literature of the middle ages face the problem of identifying the plants. To avoid confusion the Muslim scholars often used the foreign names of the plants, be their origin Greek, Persian or even Chinese. So did also Avicenna. His list of drugs imported from China contains Persian names, like dand (no.4) and even a Chinese name, khulanjan (no.16). We found these references in the chapter dealing with 'Materia Medica', according to their appearance in the Canon of Medicine.

Here Avicenna analyses each drug according to a certain pattern, a kind of questionnaire, containing twelve (in the Latin edition, sixteen) characteristics. Avicenna calls them alwah (plural of lauh, table, in the Latin edition areola). The description of each drug opens with general remarks concerning origin, alternative names of the drug, its basic qualities (hot, cold, dry and moist). In this section Avicenna describes every plant as clearly as possible by comparing it to other well-known plants. The pattern is: the leaves of plant A resemble the leaves of plant B, but its flowers are like those of plant C, while its fragrance resembles that of plant D etc.

Then follows: - the first table: the effects and peculiarities of the drug (af'al wa-khawass / operationes et proprietates), for example, mild, strong, viscid, desiccating, pasting together, dissolving, making rough, making smooth. - the second table: characteristics of beauty (zina / decoratio), for example, making clean, rendering turbid, cleaning skin disorders caused by leprosy, ulcers. Then follow classifications of drugs according to their indications: - the third table: swellings and pimples etc.- the fourth table: wounds and ulcers - the fifth table: sore joints - the sixth table: sore organs of the head - the seventh table: sore parts of the eye - the eighth table: painful breathing and pains on the chest - the nineth table: pains at the alimentary tract - the tenth table: pains at the excretory organs - the eleventh table: concerning fevers - the twelfth table: concerning poisons.

Summary

It seems that the influence of Chinese medicine upon Muslim

medical theories can be traced back at least to Avicenna in the 11th century A.D. We will continue to study Arabic, Persian and Chinese medicine, and in particular the exchanges between Avicenna's and Chinese medical theories, from a comparative perspective. This will add to the work of scholars who have looked at the ways in which Avicenna's Canon of Medicine influenced and enriched Chinese medicine (7).

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Please contact the authors for an extended bibliography and a list of 16 drugs that refer to Chinese Materia Medica and detailed annotations on these.

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Chiang Jun-hsiang 江潤祥 (Y.C. Kong), ed., introduction by Liu T'sun-jen 柳存仁, *Hui-hui yao-fang chi yu-kuan lün-wen shu-ying* 回回藥方及有關論文書影 (Edition of the *Hui-hui yao-fang* and associated studies), Hong Kong: Hsiang-kang Chung-kuo pien-i yin-wu yu-hsien kung-szu 香港中國編譯印務 有限公司, 1996, large octavo, 632 pages, illustrations, not for sale (contact Y.C. Kong, Department of Biochemistry, Chinese University of Hong Kong)

A Review, by Paul D. Buell, Seattle

Among the many texts of traditional Chinese medicine which have been published in modern editions, studied, and translated in recent years, probably none is more important than the *Hui-hui yao-fang* (*HHYF*), "Muslim Medicinal Recipes," four *chüan* 卷 of which survive (out of 36) in a Ming 明 Dynasty hand-written copy of what was apparently a Yüan 元 Dynasty published version, now lost. The work is unique not only it its inclusion of Arabic script entries for most of its exotic "Muslim" medicinals but because it copies out, in large part, in an adapted form to be sure, selections from various classics of Islamic medicine including the *Qānūn fi al-ṭibbi* of Ibn Sīnā. These facts make the *HHYF* a veritable smoking gun of cultural influences, influences in most other cases not traceable since nearly all of the other relevant works are now lost.

In its present form, the *HHYF* is manuscript in at least two hands comprised of the table of contents for the second part of the entire work and three content chapters (12, 30, 34), each of which is organized around various disease categories. Discussion is theoretical, with quotation of various authorities, usually but by no means exclusively those cited by Ibn Sīnā in his *Qānūn*, including Che-li-nu-hsi 者里奴西, or Julius Galenos, the great Roman physician and medical theorist, and specific, in the form of a large number of medicinal formularies. Many are called by names and categories used in Arabic medicine, including a number of *ma-chun* 馬準, Persian *ma'jūn*, "electuary," pointing up their direct borrowing from the Arabic tradition, a fact also apparent from the choice and arrangement of medicinals, by Arabic rather than Chinese traditions of use and classification. However, this is not to say that all the medicinals used are of Islamic origin. Kong and his team note, for example, many substitutions of locally-available Chinese medicines for exotic imports and the categories of disease and trauma chosen by the unknown authors of the text, despite the Arabic origins of much that is in it, are more often than not purely comprehensible in terms of Chinese medical theory, although the usual references to *yin* 陰 and *yang* 陽 and other theoretical constructions so important to the Chinese Correspondence Medicine of the era are missing.

Although we lack the key prefaces to the book that would provide the detailed information that we need regarding the origins of the text, even a table of contents for the first part, it is reasonably certain that the text is to be associated with the official establishments of Islamic medicine at the Yüan court as exemplified by the Kuang-hui szu 廣惠司, "Administration for Broad Compassion," charged with "preparing and presenting Muslim (*Hui-hui* 回回) drugs and preparations to the emperor in order to treat members of the bodyguard and poor people in the capital" (*Yüan shih* 88, Chung-hua shu-chü

中華書局 edition, 2221). The HHYF is thus representative of the official medicine of Mongol count in China, one that is also represented in the highly-Islamicized content of the court dietary *Yin-shan cheng-yao* 飲膳正要, "Proper and Essential Things for the Emperor's Food and Drink," with its electuaries, sharbats (also present as such in the HHYF), and many exotic imports including the medicinals of animal origin that also played an important role in the *HHYF*, judging from the surviving table of content entries (and many of the same animals at that).

The text is reproduced extremely clearly, in this case directly from copies preserved in Pei-ching 北京, in this most useful edition which not only includes the full, surviving text but a number of papers and articles which Y.S. Kong and his team have produced on the text over the years. The most important include:

1. Chiang Jun-hsiang (Y.C. Kong), and Kuan P'ei-sheng 關培生 (P.S. Kwan], "Ts'ung 'Hui-hui yao-fang' k'an chung wai yao-wu chiao-liu 從回回藥方看中外藥物交流" (A look at the trade in medicinals within and without China in terms of the HHYF).
2. Y.C. Kong, P.S. Kwan, P.H. But, A. Ulubelen, and Y. Aneychi, "A Botanical and Pharmacognostic Account of *Hui Hui Yao Fang*, the Islamic Formulary," reprinted from *Hamdard*, XXXI, 1 (1988), 3-33.
3. Sung Hsien, Ch'en Ta-sheng (D.S. Chen), and Chiang Jun-hsiang (Y.C. Kong), "'*Hui-hui yao-fang'* yü a-la-po i-hsüeh chu-liu ti ch'in-yüan kuan-hsi 回回藥方與阿拉伯 醫學主流的親緣關係" (The intimate connection of the HHYF and the principal currents of Arabic medicine), originally published in *Ming-pao yüeh-k'an* 明報月刊, April, 1991
4. Hu Shiu Ying (Hu Hsiu-ying 胡秀英), History of the Introduction of Exotic Elements into Traditional Chinese Medicine, originally published in the *Journal of the Arnold Arboretum*, 71 (1990), 486-526.
5. Kong, Y.C. and D.S. Chen, "Elucidation of Islamic Drugs in *Hui Hui Yao Fang* – A linguistic and pharmaceutical approach."

From this reviewer's perspective, the most interesting of these are the two articles in Chinese which cover ground only touched on in passing in the English-language articles. While the largest audience for this new HHYF edition is without a doubt Chinese, it is unfortunate that Y.C. Kong and his team did not choose to provide English translations of these valuable articles which would be greatly useful to scholars of Medieval Islamic medicine but will probably remain inaccessible to them. The team can also be faulted for not providing at least a rudimentary index to make navigating through the many components of this new edition easier and for not making a better effort to summarize the contents of the *HHYF* itself, at least in terms of its major divisions. The linguistic elements of the text are particularly weakly presented and the important question of the origins of the terminology used (basically Persian in form, but with some clear Turkic influence) is touched on only in passing although Kong and his team do provide useful lists of Arabo-Persian terminology along with their tentative identifications.