Title: Bioethics in Unani medicine: Relevant Quotes in *Kamilussanah*, a 10th century Unani manuscript.

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Abstract

As the world is looking more towards the Traditional and Complementary system for providing safe and cost effective drugs for curable and incurable ailments, more interest is being generated for its scientific validation. The World Health Organization's Alma Ata Declaration, 1978, has given serious consideration to the development, promotion and recognition of the traditional systems of medicine including Unani. In this regard, India has taken lead by integrating Unani medicine with conventional medicine at national level, along with other recognised traditional systems of medicine and undertaking collaboration among diverse health professionals for better patient-centred care.

Bioethics is a field of enquiry that examines ethical issues and dilemmas arising from health, health care and health research. Although ‘bioethics’ term was first mentioned in 1926 and later coined in 1970, the ethical principles in various contexts were enunciated in the classical texts or writings pertaining to traditional medical systems centuries ago. Since ethics as a code of conduct was followed by ancient Unani physicians to safeguard the interest of humanity when providing health care, it was felt that review of Unani manuscripts should be attempted to give an insight into codes of conduct described by various Unani physicians. As a first step in this direction a 10th century book, “Kamilussanah” authored by Ali ibn Abbas al-Majoosi also known as Majoosi (930-994 A.D) was reviewed.

Keywords: Bioethics, Unani Medicine, Kamilussanah

Introduction:

Ethics is a set of philosophical beliefs and practices which lays down a distinction between right and wrong and it relates to the righteousness of human behaviour and passes value judgements on actions of individuals with reference to the supreme moral ideal in human life(1, 2)Bioethics is a field of enquiry that examines ethical issues and dilemmas emerging from medicine, health care and research involving humans(3). Unani System of Medicines originated in Greece based on the teachings of Hippocrates (460-377 B.C) and Galen (130-200 AD) and further developed in to an elaborate Medical System by Arabs, like Rhazes (860-925 AD), Avicenna (980-1037 AD), Al-Zahravi (936-1013 AD)), Ibne-Nafis (1210-1288 AD)and others. Hence, the Unani system of medicine passed through many countries, getting enriched along the way, before being introduced in India around the 8th century.

All the earlier Unani (Greek) physicians were philosophers who regarded medicine as a divine art. Hippocrates, the father of medicine, stated, “Medicine is a gift from God and must be regarded as such”. His famous “Oath of Hippocrates” enunciated beneficence to the patient and is the foundation stone of the medical ethics for all ages and generations(4). The Unani physicians followed the principles laid down by Hippocrates not only in applying them to medical practice but also to medical ethics(5). Since the introduction of the Unani system of medicine in India, continuous contribution to its further development has been globally recognized. So much so that India is considered a world leader in Unani Medicine with its robust infrastructure and well-regulated system of practice(6).

The World Health Organization's Alma Ata Declaration, 1978, has given serious consideration to the development, promotion and recognition of the age-old traditional systems of medicine including Unani. In this regard, India has taken lead by integrating Unani medicine with conventional medicine at national level, along with other recognised traditional systems of medicine and undertaking collaboration among diverse health professionals for better patient-centred care(7).

Traditional medical systems are regulated under the Indian Medicine Central Council (IMCC) Act, 1970 and Central Council of Indian Medicine is the statutory body constituted under the IMCC act. The Central Council has been framing and implementing various regulations including the Curricula and Syllabi for the Indian Systems of Medicine, viz., Ayurveda, Unani Tibb, Siddha and Sowa Rigpa at the Under-graduate and Post-graduate level. One of the major objective of the Council has been framing and implementation of Rules as prescribed in ‘Practitioners of Indian Medicine (Standards of Professional Conduct, Etiquette and Code of Ethics) Regulations, 1982’ which is mandatory for every practitioner of Indian traditional medicine to follow(8).

Unani medicine comes under AYUSH which is an acronym for Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa Rigpa (Tibetan or Amchi medicine) and Homoeopathy. At present the Unani system of medicine, with its own recognized practitioners, hospitals, educational and research institutions forms an integral part of the national healthcare system(9). Providing beneficial treatment for the patient while avoiding or preventing harm, stems from respect for life that must underpin any medical practice, including traditional medicine and falls under the domain of beneficence a strong pillar of bioethics. Contextualisation of Unani medical ethics in the light of the existing classical literature is the need of the hour.

Many organisations - government and non-government - are actively engaged in research and development programmes and as per WHO guidelines clinical trials can be started from phase II human trials if the formulation is traditionally used for that condition. The ‘National Ethical Guidelines for Biomedical and Health Research involving Human Participants’ issued by the Indian Council of Medical Research, 2017 pertains to all researchers in medicine. Here we examine the description related to bioethics in the ancient text of Kamilussanah of 10th century.

About the Book Kamilussanah and the Author:

Kamilussanah has been written by Ali ibn Abbas al-Majoosi (930-994 A.D). He is the renowned physician of 10th century, born in the Iranian city “Ahwaz”. He dedicated this book to King Azduddaulah and named it as Kitab al-Malaki (Book of the King). He did critical evaluation of the works of renowned Physicians, Hippocrates (460-377 BC), Galen (130-200 AD), and Rhazes (860-925 AD). Whatever lacunae he found in the writings of these physicians, he tried to cover them in Kamilussanah (10).

Kamilussanah  runs into two sections. The first volume consists of 10 tracts having 265  sections and covers theoretical medicine, and the second volume also has 10 chapters consisting of 499 sections and covers practical medicine(11). This book was so authentic and complete that Avicenna (980-1037 AD), a great Unani physician and scholar, felt that if he had seen this book before, he would not have written the “Canon of Medicine”. The Arabic text of Kamilussannah was published in 1282 H/ 1866 AD from Lahore, in 1294 H/1877 AD from Cairo and reprinted in 2005 by CCRUM, New Delhi(12). Now this book is translated into many languages. It was translated into Latin in full by Stephan of Antioch in 1127 and the translation to be printed in Venice in 1492 and Lyons in 1523 (13). The Urdu translation of Hakim Sayyid Ghulam Husnain Kanthuri’s was published in 1889(14).

Bioethics in Kamilussanah (15,16):

While reviewing the book Kamilussanah it is found that the author, inspired by the teachings of Hippocrates, has covered the bioethics part in the first chapter of the first volume of the book. This in itself shows that he has given immense importance to ethical part by placing it in the first chapter, ensuring that before venturing into other topics the physician gets acquainted with ethics. The following is the gist of his statements which are relevant to the field of bioethics.

On Physician’s attitude it is mentioned that ‘The physician should be god fearing’ and also “He should be knowledgeable and intellectual”. On student teacher relationship he said “The physician should respect his teachers as he respects his parents who provided him with knowledge. He should provide them with his services readily and show good behaviour” and that “He should show affection and look after the children of his teachers as his real brother/sister and should keep some share of his wealth for them”. For dissemination of knowledge he states that “Knowledge should be completely disseminated without hiding anything. It should be taught without any conditions and without fees and students should be treated like you treat your children”. The physician should develop the habit of taking rounds in hospitals and clinics. He should discuss about the patients and knowledge gained from Medical texts with his teacher. This is to encourage an all-inclusive dialogue between teacher and student even after he has qualified as a physician.

Emphasis has been laid on the quality of students enrolled for education for which the author said that “Ashraar people (people in whom right attitude is not developed) who cannot do justice to this system should not learn this knowledge”.

On the quality of physician’s treating modality he stated that “ He should fully justify the treatment of patient with drugs, diet and regimen therapy” and “His aim should not be to earn money but serving the humanity for goodwill of God”. On the use of toxic drugs it is mentioned that “a physician should not administer toxic drug to any human nor should the information regarding such toxic drugs and their usage be disclosed to anyone”. “Abortifacient drugs should not be given nor should information regarding this be leaked”. These statements take care of secrecy and confidentiality which a physician should maintain.

It is further mentioned that “He should be able to keep secrets of the patients and maintain confidentiality regarding the treatment and should not disclose it to anyone near or far related person to the patients”.

On the behaviour of the Physician it is mentioned that “He should be spiritual, religious with good manners, soft spoken and should behave with the patients in best possible manner”. The physician has been asked to abstain and stay away from all ill deeds whether physical, mental and social. The physician should not indulge in excessive pleasure, luxurious and leisurely life, use intoxicants and should not be lazy. For reorientation and updating physician’s knowledge he recommends that “He should often consult books and add to his knowledge from different sources.”

On moral grounds, while dealing with female patients it is advised that “He should take extra precautions while treating females and should not look at them with bad intentions”.

Even there is specific mention of vulnerable population (poor and downtrodden) that “He should be able to do justice to vulnerable population and readily treat them without hesitation”.

The ethical part listed in this book is in sync with the Declaration of Geneva of the World Medical Association (WMA) which binds the physician with the words, “The health of my patient will be my first consideration,” and the International Code of Medical Ethics which declares that, “A physician shall act in the patient’s best interest when providing medical care” (17).

Majoosi has elaborated on the notion of “Primum non nocere” (do no harm) principle attributed to Hippocrates. In present context, the description of bioethics by Majoosi covers the ethical principles - (i) respect for autonomy; (ii) beneficence; (iii) non-maleficence; (iv) justice.

These are also comparable to the clauses of the Standards of Professional Conduct, Etiquette and Code of Ethics for the Indian Medicine practitioners laid down by CCIM, which makes it mandatory for each registered practitioner of Indian medicine to sign the abiding form with in 30 days of registration. The clauses on Character, Duties, responsibility of Practitioners of Indian medicine towards patients and public and also towards other practitioners listed in the code of ethics by CCIM have already been described by Majoosi in his book. Moreover, the special mention of vulnerable population by Majoosi shows his understanding in ethical issues pertaining to such population because of the possibility of either denying them treatment or giving them a treatment which is not appropriate due to cost and other factors.

Conclusion:

From above it is clear that Ali ibn Abbas al-Majoosi laid down a structure of code of medical ethics for a physician starting from duties and responsibilities of the physicians in general and laying stress on the character of a physician in particularespecially at the time of his enrolment as the student. Duties of physician towards the patients starting from obligations to the patients and to the characteristic of patience, gracefulness and confidentiality in personality of the Physician has been mentioned very clearly. The responsibilities of Physicians to each other, their teachers and family has been listed. He has been advised to add to his knowledge and share that knowledge with others. His responsibilities to society has also been elaborated. Moral character and maintaining confidentiality, judicious use of toxic and abortifacient medicines has been covered. These are comparable to the present teaching of bioethics and code of conduct laid down for the physicians of Indian medicine by CCIM. The basic principles of doing no harm, providing maximum benefits, respect, autonomy, and doing justice to the patients has been highlighted and equal importance has been given to physician’s moral character and his quest for knowledge.

Unani System of Medicine has a rich Classical literature heritage, and for the present project, a book of 10th century was reviewed for Bioethics and discussed for ready reference. The ethics which were dictated traditionally in Unani Medicine can be used to formulate guidelines for researchers who are Unani practitioners all over the world maintaining its traditional context. On the similar line, other Unani classical texts could be reviewed, and a combined code of conduct, based on classical literature contextualized to present times could be generated for inclusion in present teaching along with the current regulatory Standards of Professional Conduct, Etiquette and Code of Ethics put in place by CCIM.

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