Praise be to Allah, and may peace and blessings be upon the Messenger of Allah

It has become widespread in this time to claim that humoral medicine consists of multiple schools and that physicians hold different medical opinions—so that whoever follows this physician in his view is correct, and whoever follows another is also correct. In reality, the reason for this is ignorance of the rules and foundations of classical medicine, and being influenced by the contemporary medical school in which differences of opinion have reached the level of contradiction over the past hundred years up to the present. It has even been said that such contradiction enriches medicine and indicates its advancement, because over time they discover what contradicts the theories that came before.

This is the opposite of the ancient medical school, in which there is no contradiction, because it was built upon the principle of the four qualities: hotness, coldness, wetness, and dryness—from its foundations to its branches—beginning with what was revealed to our master Adam, May Allah raise his rank, then what was added by those who came after him from among the prophets such as our master Idrīs and Sulaymān, then what people added from their experiences and expertise upon the basis of the four qualities throughout human history, until its pillars and structure were completed within our Islamic Ummah. Therefore, I wished in this treatise to clarify that humoral medicine is not multiple schools, but rather one school, with recognized principles and branches, serving as a medical and legal reference throughout our Islamic history.

I was impressed by what one of the great physicians of antiquity—Abū ʿAlī al-Ahwāzī ([1])—mentioned regarding the rules and medical foundations held by the skilled and expert physicians. Therefore, I wished to explain his words and comment on them.

Abū ʿAlī al-Ahwāzī said in his book Kāmil al-Ṣināʿa, in his commentary on the book al-Ḥāwī by Abū Bakr al-Rāzī—because it contains the statements of many physicians on every disease, and these statements are similar—the following (verbatim):

“You should know that the skilled and expert physicians are in agreement in their descriptions of the natures of diseases, their causes, their signs, and their treatments. There is no disagreement among them in that ([2]) except in addition and omission or in some expressions ([3]), since the laws and methods they follow in knowing diseases, ailments, their causes, and their treatment are methods that they circulate identically among themselves ([4]). If that is the case, then what need is there to bring the statements of the earlier and later physicians and to repeat their statements, when each one comes with the like of what the other came with? For there is no disagreement among them in the natures of diseases, their causes, and their signs except in addition and omission and differences of wording ([5]). And if some of them differ from others in the use of types of medicines, they do not differ regarding their powers and benefits—

like quince and pear ([6]) and hawthorn ([7]), and like ginger, pepper, and long pepper ([8])—for these, even if they are different in types, are not different in powers and benefits except in addition and decrease in that." End quote. ([9])

I say: the meaning of al-Ahwāzī's words is that humoral medicine is one school, agreed upon by the skilled and expert physicians. Differences may occur in some matters that do not touch the essence of treatment and do not lead to harming patients, because they are agreed upon identifying the causes of temperamental diseases—hot, cold, wet, or dry—by their agreement on the signs of hotness, coldness, wetness, and dryness. All of this is recorded and written in hundreds of ancient medical manuscripts over more than a thousand years of the history of this Ummah.

The Mujtahids among Jurists and Physicians

If it is said: Do the mujtahid jurists not differ—so how do physicians not differ?

I reply: the mujtahids differ, and their differences are a mercy—there is no harm to the human body, nor loss of the legal rulings. Likewise, physicians differ only in what contains no harm to the human body and no loss of the legal medical rulings—such as their difference regarding the "digestive faculty" (al-muhḍim): some said it is four—stomach, liver, vessels, and organs—and others, and the position of the majority is that it is five: mouth, stomach, liver, vessels, and organs.

Likewise, their difference in defining an abscess: the majority of physicians say it is every swelling that has begun to gather material, whether hot or cold; and some said an abscess is a large hot swelling inside which there is a place to which the material flows and suppurates.

Likewise, their difference regarding the motion of the pulse: some said it is an "aynī" motion of the artery, while what is well known among the majority is that the pulse is a spatial (makānī) motion.

Likewise, their difference in defining the dental condition "al-ḥafr": some said it is a vaporous body that hardens upon the roots of the tooth after it rises and congeals—such as during sleep and leaving food; and some said it is a change in the color of the tooth's substance on the condition that it penetrates.

Likewise, their difference regarding the nature of the headache called "al-bayḍa" ([10]): some said it is a cold headache because its signs indicate coldness, while others said it may be cold with signs of coldness, and it may be hot with signs of hotness.

Likewise, their difference in using the terms “al-khināq” ([11]) and “al-dhibḥa” ([12]).

Likewise, their difference whether “al-nāfiḍ” ([13]) is more severe in the bilious fever or in the phlegmatic one.

All these differences and their like cause no harm to patients. As for the four foundations, i.e., the four qualities and their implications, the skilled and expert physicians do not differ regarding them. For if there were disagreement in the foundations—such that one group said, “this disease is hot and its implications are such-and-such,” while others said, “this disease is cold with the same implications”—then the legal ruling would be lost if the patient died and the matter were brought before a judge. This is because the disease is either hot or cold, and it cannot be hot and cold with the same implications. If the patient died after taking a hot medicine because the physician judged the disease to be cold, how could the Islamic judge rule that the physician erred while another group says the disease is hot?! Therefore, this does not exist in the rules of skilled and expert physicians, because their principles are one and their implications are one, and upon them the legal rulings are built.

This does not mean that there is never disagreement among physicians in diagnosing a disease. A physician who is not well-grounded may err in identifying the cause of an illness, judging it to be cold when it is in reality hot; he then gives the patient hot medicine and the illness worsens. Another physician may correctly identify the cause of the same illness, judge it to be hot, and give the patient cold medicine and the patient is cured.

Differences in the Temperaments of Some Herbs

If it is said: Is there not, in medical books, disagreement regarding the temperaments of certain herbs—whether they are hot or cold, wet or dry? How then can they be used in treatment while this disagreement exists?

I reply: this is common in medical books, and outwardly it appears to be disagreement, but inwardly it is agreement. They have rules and foundations they relied upon and agreed upon, by which the powers of medicines are known. An herb may be planted in cold soil in a cold land, while another of the same herb is planted in hot soil in a hot land; its temperament is affected according to the soil. Physicians, based on their principles and rules, judge according to its dominant temperament. An example is dandelion: physicians mentioned that it is cold, but if its bitterness becomes intense in the summer due to the hotness of the soil in which it was planted, heat develops in it; thus one judges it to have hotness according to the strength or weakness of the

bitterness. For if the taste of a plant, after sweetness, moves toward bitterness, it is hot; and if its taste, after bitterness, moves toward sweetness, it is cold.

As I said, physicians have their rules and principles for knowing the powers of medicines through two paths:

The first is experimentation: testing the effect of what is introduced into the body—either to verify what analogy indicates, as when analogy indicates that a medicine is cold and we wish to confirm that by testing it, or without analogy, such as testing the effect of something in the human body without analogy. However, the safest approach is to use both experimentation and analogy.

The second is analogy: by analogy is meant reasoning to determine the powers of medicines through things such as taste, smell, color, and the speed or slowness of reaction—just as bitterness and pungency indicate heat, and astringency and sourness indicate coldness, and so on.

Chinese Medicine, What Is Called Ayurveda, and Greek Medicine

If it is said: Is there not Chinese medicine, what is called Ayurveda, and Greek medicine—so how can humoral medicine be the only relied-upon ancient medicine?

I reply: all these “schools” became known by these names during the era of colonialism in India and China, and they have continued until today. As for before colonialism, there was nothing but humoral medicine, because all these schools rely on the four qualities—hotness, coldness, wetness, and dryness—in describing diseases and treatment. However, the Chinese introduced their corrupt beliefs into it, along with distortion of some of the rules of humoral medicine. What is called Ayurveda—Hindus introduced their corrupt beliefs into it, along with their denial of the humor of blood, and their deviation—more than the Chinese school—from the rules of humoral medicine. As for “Greek medicine,” it is humoral medicine: Muslims preserved it in India, but they only changed its name. They study it fully from Indian and Arabic medical manuscripts translated into their language, and they have deep expertise in it. Therefore, the reference for all ancient medicine is humoral medicine.

Humoral Medicine Remains Connected to Our Time

Imam Shaykh ʿAbdullāh al-Harārī, May Allah have His agreement on Him, said: “Medicine requires transmission, just as religious knowledge requires transmission.” End quote.
Meaning: medical knowledge is transmitted from generation to generation through disciplined scholarly receiving (talaqqī), just as religious knowledge is transmitted through talaqqī.

If it is said: We believe that humoral medicine is originally revelation, but what is practiced today is not humoral medicine; rather it is nonsense and superstition.

I reply: this is the statement of one who does not know medicine and its people, and who issues such a claim out of ignorance. How can someone who does not know humoral medicine decide that it has been cut off?! This is like someone who does not know grammar: when he sees that most people do not speak formal Arabic, but rather their local dialects, he says: “Grammar has ceased and no longer exists.” Certainly this is refuted by the existence of linguists—even if they are few—and by the existence of scholarly manuscripts and printed books in grammar, and they are many. Likewise, the statement of this ignorant person who denies the existence of humoral medicine in our time is refuted by the existence of humoral physicians—even if they are few—and the existence of scholarly manuscripts and printed books in medicine, and they are many.

I have explained, in recorded lectures, all the medical principles mentioned by the righteous physician Ibn al-Nafīs in his book al-Mūjaz fī al-Ṭibb, on my Telegram channel “The Channel for Reviving Humoral Medicine in Our Ummah"; whoever wishes may listen in order to learn, for the cure of ignorance is knowledge.

And I say to everyone who hears ignorant people claim that humoral medicine has ceased: examine, verify, and consult the printed and manuscript medical references—there are hundreds of them—you will find them exactly as I teach in my lectures: mutually supporting, not conflicting, for more than a thousand years of the history of our Ummah.

Legal Rulings Based on the Rules of Humoral Medicine

Since the indicators of the four qualities—hotness, coldness, wetness, and dryness—are agreed upon, medical judgments related to the Sacred Law are established upon them. An example is the issue of al-ʿanīn (a man too weak for intercourse): if his wife

asks the judge to separate them, the judge grants him a respite of one year ([14]), because his inability may be due to a temporary hotness that disappears in winter, or a coldness that disappears in summer, or a dryness that disappears in spring, or a wetness that disappears in autumn. If a full year passes and he still does not have intercourse with his wife, it is known that his inability is congenital, and the judge separates them.

This is because it is established in humoral medicine that winter is cold and wet, spring is moderately warm and wet, summer is hot and dry, and autumn is cold and dry. Thus, if a year passes and he recovers in spring, it becomes clear that his condition was due to black bile (cold and dry), or if he recovers in winter, it becomes clear that it was due to yellow bile (hot and dry), and so on.

If there were disagreement in the foundations—such that one group said, “this disease is hot and its implications are such-and-such,” while others said, “this disease is cold with the same implications”—then the legal ruling would be lost. For the disease is either hot or cold; it cannot be hot and cold with the same implications. If the patient died after taking hot medicine because the physician judged the disease to be cold, how could the Islamic judge rule that the physician erred while another group says the disease is hot?! Therefore, this does not exist in the rules of skilled and expert physicians, because their principles are one and their implications are one.

Conclusion

I say: it is not befitting for one who is ignorant of humoral medicine to confuse people by attacking it; he will be held accountable on the Day of Resurrection for his words. This medicine is a collective obligation (farḍ kifāya) to learn. If a person is ignorant of its reality, let him fear Allah and stop at the legal limit; let him be fair to himself and say, if asked: “I do not know.”

My advice to everyone who wants to practice this medicine is to learn from a trustworthy, well-qualified physician. Without knowledge of medical principles and particular diseases, a person is not a physician. Whoever does not diagnose a disease—whether it is hot or cold, wet or dry—his errors in treatment will be more than his correct judgments. As al-Ḥāfiẓ al-Suyūṭī mentioned in his commentary on his book Itmām al-Dirāya li-Qurrāʾ al-Nuqāya: “Diagnosing it (i.e., the disease) is the foundation of treatment; otherwise, whoever treats without diagnosis, his error is closer than his correctness.” End quote.

I say: this is what the Ummah has been afflicted with in this time, as most who treat people with herbs and the like prescribe medicine without diagnosing the disease; thus

their errors are many and their correct judgments are few. This diagnosis is achieved by knowing the nature of the disease and the signs indicating that it is hot, cold, wet, or dry—by knowing the outward symptoms on the body and the description of the pulse, urine, and stool—then thereafter prescribing treatment by opposites. Whoever wishes to engage in treating people with herbs and the like must learn humoral medicine—its principles and particular diseases, which are approximately eight hundred diseases with their signs, causes, and treatments—otherwise he is merely a herbalist who exposes himself to disobedience to Allah and to harming people.

([1]) Abū al-Ḥasan ʿAlī ibn ʿAbbās al-Ahwāzī was among the most renowned physicians of the Abbasid era in humoral medicine during the 4th century AH. His scientific achievements granted him the foremost rank among the physicians of his time, those before him, and those who came after him, in both the East and the West. His book Kāmil al-Ṣināʿa al-Ṭibbiyya, also known as al-Kitāb al-Malakī ("The Royal Book"), became a reference for physicians throughout the East and the West alike.

([2]) That is, there is no disagreement among them regarding the temperaments of diseases and their causes—whether they are hot, cold, wet, or dry—nor regarding the signs that indicate these causes, nor regarding their treatment by administering hot medicine for cold conditions and wet medicine for dry conditions, and vice versa. As for matters not related to the temperaments in describing causes, they may differ therein. The disagreement of weak physicians carries no weight against what is agreed upon by skilled physicians.

([3]) Meaning: except for increase or decrease in explanation, or disagreement in some terminology.

([4]) Meaning: all their methods of reasoning are identical and circulated among them exactly as they are, transmitted from one era to another.

([5]) Meaning: if this is the case, there is no need to repeat the statements of earlier and later physicians, as al-Rāzī did in al-Ḥāwī. For this reason, al-Ahwāzī wrote Kāmil al-Ṣināʿa without repeating physicians' statements, since they are similar in describing the temperaments of diseases, their causes, and their signs—whether hot, cold, wet, or dry.

([6]) Sour quince and sour pear, which in the Levant is called injāṣ.

([7]) Quince, pear, and hawthorn have a cold and dry temperament.

([8]) Ginger, pepper, and long pepper have a hot and dry temperament.

([9]) Meaning: although these medicines differ in type, their hotness and coldness are close, and their properties differ only by increase or decrease. This does not affect treatment in general. It is not said that physicians disagree if one uses quince for a hot disease while another uses hawthorn, or if one uses ginger for a cold disease while another uses pepper.

([10]) In medical terminology, al-bayḍa (also called al-khawdha or al-silāḥ): a headache that encompasses the entire brain, like an iron helmet enclosing the whole head. It is persistent, fixed, chronic, flares repeatedly, is accompanied by aversion to light and speech, occurs in episodes, and causes the sufferer to seek darkness and solitude.

([11]) In medical terminology, al-khināq (with ḍamma, like ghurāb): a swelling in the muscles of the larynx and the uvula (tonsils), which partially obstructs the passage of breath to the lungs and heart. It may also result from compression due to displacement of cervical vertebrae caused by a blow or fall, or from inability of the motive faculty of the respiratory organs due to dryness or flaccidity.

([12]) In medical terminology, al-dhibḥa (with ḍamma on the dhāl and fatḥa on the bāʾ; laypeople often pronounce the bāʾ as sukūn): a hot swelling in the muscles on both sides of the throat responsible for swallowing. Its sign is inability to swallow or speak. The term may also be applied to suffocation. It has also been said that it is a swelling of the tonsils and is a type of khināq.

([13]) In medical terminology, al-nāfiḍ: a trembling that occurs in the body with involuntary movements.

([14]) As stated in Nihāyat al-Muḥtāj ilā Sharḥ al-Minhāj by Shams al-Dīn al-Ramlī: if impotence (ʿunna) is established by any of the aforementioned means, the judge grants him a respite of one year—even if he is a slave or a disbeliever—because matters related to temperament apply equally to all. This was ruled by ʿUmar, May Allah have His agreement on Him, and consensus has been reported. Its wisdom lies in the passing of the four seasons: if intercourse is prevented due to excessive hotness, it disappears in winter; if due to coldness, in summer; if due to dryness, in spring; and if due to wetness, in autumn. If a full year passes, it is known that the incapacity is congenital.

([15]) In medical terminology, sūʾ al-mizāj (dys-temperament): when hotness or cold predominates in an organ such that it can no longer perform its function as it did in its former balanced state. Thus it is said: hot dys-temperament or cold dys-temperament—meaning departure from equilibrium.

([16]) In medical terminology, a long pulse is one that exceeds four finger-breadths of a moderate hand; a broad pulse is broader than the fingertip; a lofty pulse is elevated.

([17]) In medical terminology, al-mirra (bile): one of the four humors. In language, mirra denotes strength and intensity. It is applied to yellow bile because it is the strongest of the humors, and also to black bile because it is the most severe due to its thickness, stability, and firmness.

([18]) In medical terminology, a rapid pulse is one that completes the expansive movement in a short period—meaning its movement time is very short compared to a balanced pulse.

([19]) In medical terminology, a great pulse is one that exceeds in length, breadth, and elevation.

([20]) Meaning: the urine flask (urinal).

([21]) In medical terminology, istifrāgh (evacuation): the expulsion of waste materials from the body without direct intervention, such as nosebleed, diarrhea, vomiting, sweating, and the like. Evacuation refers to the discharge of bodily materials. Total evacuation may refer to evacuation from the whole body, whereas partial evacuation refers to evacuation from a specific organ, such as nasal medications and sneezing agents that evacuate from the head alone. It may also refer to evacuation of all humors, while partial evacuation refers to evacuation of a specific humor, such as through purgation or vomiting.

([22]) In medical terminology, innate hotness (al-ḥarāra al-gharīziyya): a pleasant, airy, warm substance that has no sharpness, burning, scorching, corruption, or destructive effect.

([23]) In medical terminology, a slow pulse is one that completes the expansive movement over a long period—meaning its movement time is very long compared to a moderate pulse.

([24]) In medical terminology, a narrow pulse is one that is deficient in breadth, not reaching the width of the fingertips.

([25]) Meaning: ventilation (aeration)