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## The First Classification of Acute Pericarditis by a Traditional Persian Medicine Practitioner; Ibn Zuhr (Avenzoar)

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*Dear Editor,*

Cardiovascular system investigations have a long history throughout ancient Persia and traditional Persian medicine (TPM) elites like Avicenna categorized body organs to the chief (major) and servant (minor) organs and put the heart in the first group confidently. Eventually, they allocated a significant part of their manuscripts defining the maintenance of healthy instructions (*Osul-e Hifz Al-siha*) and introducing various options for relief of cardiac morbidities (*Tadabir*). The first part is equivalent to preventive care, and the latter is comparable with treatment modalities in conventional medicine. To simplify the therapeutic approaches, TPM scholars have classified different diseases with high scrupulosity [1, 2].

Ibn Zuhr (1092-1162 AD), in full: *Abu Marwan Abd al-Malik ibn Abi al-AlaZuhr*, called Avenzoar in the west (Figure-1), is one of the greatest practitioners and surgeons of TPM school in the medieval Islamic period. His descent goes back to a famous family lived in Eshbeelia (Seville, Andalucía, Spain) which were well-known for their male and female physicians for years during 11th to 13th century in Islamic era [3]. A profoundly practical man, Ibn Zuhr opposed medical speculation and believed in experience and



**Figure 1.** Imaginary portrait of Ibn Zuhr (1092-1162 AD) drawn by Mahsa Mosaffa-Jahromi

experiment instead of assumption and faith in God as the Ultimate Healer [4, 5]. In his first-ever instance of medical joint authorship, *Al-Taisir Fil-MudawatWal-Tadbeer* (Book of Simplification Concerning Therapeutics and Dietetics), later translated into Hebrew and Latin, he elucidated acute pericarditis (inflammation of the membranous sac surrounding the heart) clearly in a stepwise manner. Through this valuable two-volume book, he starts the heart diseases chapter

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mentioning: “Heart diseases may occur primarily or may arise secondary to other body organs,” something which has been noticed in current literature [6, 7]. He goes on this story and reviews heart morbidities where reaches pericarditis section “Recitation of humidity which may occur in heart membrane.” In this part, Ibn Zuhr defines the ailment firstly and then, describes the three main types of the illness-dry, fibrinous, and effusive [6]. Ibn Zuhr describes dry type as “Watery humidity resembling urine may present in the heart which is enclosed in its membrane.” Then, he professes that neither he nor Galen has cured such a disease, but proposes potential herbal medicaments for treatment lastly. Afterward, he explains the fibrinous type: “And it may present in the heart that dense materials amass on its membrane (from inside) looking like membranes growing over membranes” and again talks about his shortage of experience in therapeutic approaches and recommends some herbal remedies. Finally, he defines the effusive type: “And distension in the heart membrane may present which is hot in temperament, indeed” and proceeds with the treatment possibilities. He ends this section emphasizing on hosting to treat the patient as soon as possible: “And if the physician delays in treatment even for a short time, the patient will die. It is not because the heart membrane is one of the major body organs but due to its vicinity and proximity to the heart [which is one of the major body organs, indeed.]”.

Although he remarks deficiency of experience in the treatment of disorders mentioned above, he gives emphasis to curable choices [6]. Regarding the review of this section, it is clear that classification of acute pericarditis by Ibn Zuhr about 950 years ago is similar to today’s one performed by European Society of Cardiology (ESC) in 2004 and updated recently [8]. Furthermore, the Ibn Zuhr’s explanations on this part remain no doubt that he has done experimental or post-mortem study about this disorder where he discusses urine-like nature of pericardial fluid and accumulation of dense materials on the internal side of the heart membrane. The Precise examination is a key point to be considered assessing TPM resources [9] as indicated by fair-minded researchers truthfully. Therefore, achieving high-quality peer-reviewed controlled trials is a mandatory instrument in this way [10, 11]. TPM scholars had remarkable findings in their treatises like *Al-Taisir Fil-MudawatWal-Tadbeer* book, although they had no access to modern technologies like microscope or echocardiography. Lack of such up-to-date facilities not only triggered them an incentive to promote but also provided them with a capacity to innovate and invent, a lesson which should be kept in mind by current students and researchers. [GMJ.2016;5(4):230-32]

**Keywords:** Pericarditis; Traditional Medicine; Iran; History of Medicine

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