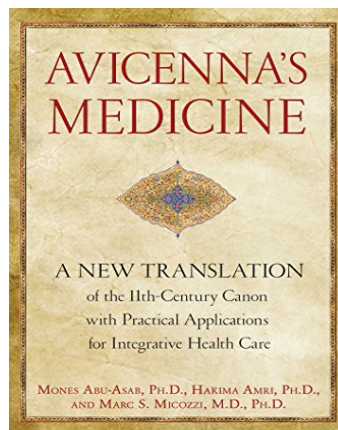


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**Beschreibung:**

A New Translation of the 11th-Century Canon with Practical Applications for Integrative Health Care

Ausgabe **KINDLE**

The first contemporary translation of the 1,000-year-old text at the foundation of modern medicine and biology

- Presents the actual words of Avicenna translated directly from the original Arabic, removing the inaccuracies and errors of most translators
- Explains current medical interpretations and ways to apply Avicenna's concepts today, particularly for individualized medicine
- Reveals how Avicenna's understanding of the "humors" corresponds directly with the biomedical classes known today as proteins, lipids, and organic acids

A millennium after his life, Avicenna remains one of the most highly regarded physicians of all time. His Canon of Medicine, also known as the Qanun, is one of the most famous and influential books in the history of medicine, forming the basis for our modern understanding of human health and disease. It focused not simply on the treatment of symptoms, but on finding the cause of illness through humoral diagnosis—a method still used in traditional Unani and Ayurvedic medicines in India.

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Originally written in Arabic, Avicenna's Canon was long ago translated into Latin, Persian, and Urdu, yet many of the inaccuracies from those first translations linger in current English translations. Translated directly from the original Arabic, this volume includes detailed commentary to explain current biomedical interpretations of Avicenna's theories and ways to apply his treatments today, particularly for individualized medicine. It shows how Avicenna's understanding of the humors corresponds directly with the biomedical definition of proteins, lipids, and organic acids: the nutrient building blocks of our blood and body. With this new translation of the first volume of his monumental work, Avicenna's Canon becomes just as relevant today as it was 1,000 years ago.

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## CHAPTER 10

### Symptoms and Signs

#### Third Lesson of the Second Art: Symptoms and Signs

- Introduction (11 sections)
- First Statement: Pulse (19 sections)
- Second Statement: Urine and Feces (13 sections)

The Third Lesson of the Second Art of Disease, Causes, and General Symptoms is a rich part of the canon addressing the main symptoms and signs of pulse and urine and feces. The nineteen sections of the First Statement address the pulse, its characteristics, irregularity and its types, causes of irregularity, and indicators. They also discuss the pulse of genders, ages, temperaments, seasons, and geographic locations as well as the effect on pulse of food and drink, sleep and wakefulness, exercise, bathing, pain, swellings, and psychological conditions.

### FIRST STATEMENT

(19 sections)

## FIRST SECTION

### General Statement on Pulse

We say that pulse is a movement within the vessels of the “spirit” and consists of relaxation and contraction to cool down the “spirit” with air. Examination of pulse is either general or specific according to each disease. Here we will discuss the general rules and postpone the specific to the discussion of particular diseases. A pulse is composed of two movements (systole) and two rests (diastole). It is definite that each successive beat has four parts in this sequence: relaxation, rest, contraction, and rest.

The reasons for examining the pulse in the left forearm are three: easy to access, very little difficulty in detecting it, and straightforward position near the heart. At the time of pulse examination the individual should be free of anger, joy, exertion, and other reactions; should not have overeaten or be hungry; and has not quit long-term habits or acquired new ones. The exam should compare the pulse to that of a person of good equitable temperament.

There are ten types by which the physician determines the state of pulse. These are:

1. amount of expansion
2. strength as a force felt against the finger
3. speed
4. compressibility/elasticity
5. turgor (volume): tension of the fullness
6. temperature of the pulse
7. duration of diastole
8. constancy
9. regularity and irregularity
10. rhythm of the pulse

It should be known that the pulse has a musical nature. Just as musical composition is achieved by tones with a ratio between them in pitch, weight, and rhythm, so is the pulse. Music’s time ratio in tempo and frequency is the rhythm, and the rhythm and pitch can be synchronized or not, and asynchrony may be regular or irregular. Similarly, the ratios of strength and weakness and amount within the pulse may be in synchrony or not.

We say the pulse is either having a good rhythm or abnormal rhythm (dysrhythmia). Abnormal rhythm has three subtypes: overrhythmic (pararhythmic), which manifests as transcending the rhythm of an age group to the following age group, such as a child having the pulse of a young man; variable rhythm (heterorhythmic), such as a boy having the pulse of an old man; and out of rhythm (etrhythmic), which does not resemble the pulse of any age group. A large departure of pulse from rhythm indicates major changes in the body.

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## THIRD SECTION

### Types of Special Compound Pulse

1. Gazelle: It varies in one part. If it is slow, it becomes discontinued, then rapid.
2. Wavy: It is variable in regard to vessels, their width, thinness, height, and breadth. It also varies in being immature or late in starting the beat with some softness. It is not that small and has some breadth. It feels like straight waves following each other with variation in their height, bottom, and speed.
3. Wormy: It is like the wavy except it is smaller with higher frequency, which erroneously imply speed, but it is not fast.
4. Antlike: It is much smaller with higher frequency than the wormy, and they both differ in their height as well as advancement or delay, which are felt by touch and are the only distinguishing features between the two, but not the breadth.
5. Sawlike: It is fast, frequent, solid, and varies in its large breadth as well as hardness and softness.

## SIXTEENTH SECTION

### Pulse of Pains

Pain affects the pulse either because of its intensity, being in a main organ, or when it lasts for a long time. Initially pain excites the faculty (the heart) and instigates it to resist and defend and ignites the heat; therefore, the pulse is large, fast, and very irregular. When the pain overwhelms the faculty, the pulse starts to turn around and weakens until it loses its largeness and speed. This is followed by high frequency first, then smallness, wormlike and antlike pulses. If the pain becomes worse, it increases irregularity and leads to death.

## SEVENTEENTH SECTION

### Pulse of Swellings

Some swellings cause fevers, and because of their size or location within a vital organ their fever changes the pulse in the whole body. Other swellings do not induce fever, thus change the pulse of the organ where the swelling is located; it may change it in the whole body indirectly, not as swelling but as a pain. Pulse-changing swelling causes changes according to its type, phase, size, and location within an organ, or by the effects it causes.