Historical Scripts on TB from Iranian Medical Literature

The following which are brief descriptions of tuberculosis disease, have been extracted from 5 Iranian and Islamic medical references. Three of these references, Ferdous Al- Hekma, Alhavi, and Kamel Al-Sana'ah are considered first rate medical books of history of Iranian and Islamic civilization.

Rarely has an infectious disease known to be entangled with health, destiny, and history of human beings as Tuberculosis. Spinal tuberculosis has been detected in ancient Egypt mummies. Hippocrates and Galen described this disease and its symptoms and thereafter it became one of the major concerns of physicians of different scientific and medical schools worldwide.

Great Islamic and Iranian physicians have presented invaluable descriptions of this disease, in a way very much similar to the picture we have nowadays.

Ali ibn Abbas al-Majusi died in 384 AH has said:

....And you must know that this disease is communicable and can also be inherited paternally (this indicates the attention of the author to disease transmission from family and close relatives). Tuberculosis symptoms are chronic fever which is mild during the day and becomes severe at night and during food consumption, similar to heat produced when water is sprinkled on lime. These patients may sweat profusely and their eyes may sink, and their cheeks flush and their nails become fragile...(1)

Muhammad ibn Zakariya ar-Razi died in 331 AH described tuberculosis as:

...Fevers which are always accompanied by accidents and never decline or diminish, the body is dry, wasted, and pale... If this continues and the body becomes dry and dehydrated and the cheekbones prominent and the forehead skin flaccid and the eyes sunken with dry secretions and the eyes become continuously lifeless and the stomach diarrheic and the body skin wrinkled, dejection is resulted....(2)

Sheikh Davoud Alzarir Al Antaki died in 1005 AH noted:

...And its symptoms are faint voice, sunken eyes, green discoloration of nails, profound weight loss, mild fever exacerbating during food digestion, respiratory changes and excretion of malodorous substance with deposits which the two latter discriminate it from sputum...(3)

Abobakr ibn Ahamd Al-khoeini Albokharei died in 373 AH has said the following about tuberculosis:

... And there is high fever and the body becomes wasted and severe cough is produced with brownish colored sputum resulting in pneumonia or pleuritis and it is called tuberculosis and the symptoms of it are deformed nails, head leaning forward, hair loss and cough which produces malodorous sputum which smell like burnt bone or wool when put on fire and these people seem to be created like birds with pigeon like chests...(4)

And Abulhassan ibn Rabne Altabarie died in 274 AH has said the following about this disease:

....And Galen says that he has seen pebbles size of a pea excreted which indicates that mucoid remnants inside the chest have become dry...(5)

All the above indicate the long familiarity with this disease and its clinical characteristics. But it was not until the previous century, when Koch discovered tuberculosis bacillus, that the etiology became known.

Discovery of tuberculosis bacillus by Koch resulted in some kind of optimistic peace of mind or in other words simple-mindedness. Physicians and researchers supposed no dark angle or obscure point existed, else than vaccine production for prevention and drugs for treatment.

Forty years passed and none of these happened until Calmette and Guérin introduced the BCG vaccine during the third decade of the 20th century, which turned into one of the mysteries of medical science and gradually raised the most abstruse questions in a way no other vaccine had done before and thereafter. Drugs effective on tuberculosis bacillus were discovered, produced, and introduced one after another which exerted a tremendous effect on epidemiologic and clinical progression and inclination of this disease.

But the problem is not yet solved completely and significant difficulties exist. Still millions of people suffer from this disease. The complexities of confronting this disease are due to intricacies of the bacillus and its mode of infectivity on one hand, and human immunity system reaction against the disease on the other. It should be admitted that we face a long road to actual and thorough recognition of this disease.

REFERENCES

- 1. Ali ibn Abbas al-Majusi. Kamel Al-Sana'ah. Vol.1, P 350-5.
- 2. Muhammad ibn Zakariya ar-Razi. Alhavi, Vol. 14, P 81-94.
- 3. Sheikh Davoud Alzarir Al Antaki. Tazkera- Tel-Uolil- Albab. P 21.
- 4. Abobakr ibn Ahmad Al-Khoeini Albokharei. Hedayat-Al- Motealemin Fi-Teb. P324-40.
- 5. Abulhassan ibn Rabne Altabarie. Ferdous-Al-Hekma. P228-34.

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