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AN ANALYTICAL STUDY OF THE SCIENTIFIC AND EDUCATIONAL DIMENSIONS OF IBN SINA'S POETIC MEDICAL WORKS

¹Sadique Ali MD (U), ²Athar Parvez Ansari MD (U). *²Syed Sadakathulla Bakhtiari MD (U)

¹Associate professor, Department of Mahiyatul Amraz, National Institute of Unani Medicine
Bengaluru

²Research Officer, Regional Research Institute of Unani Medicine, Chennai.

***Corresponding Author:** Syed Sadakathulla Bakhtiari,

Email: syedrrium@gmail.com, 8951345010

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Abstract

Poetry has long been considered a beautiful and powerful means of expressing emotions. Additionally, historical data indicates that on several scientific issues, in many instances poetry is preferred over prose, particularly because it can distill complex ideas into more accessible and emotionally resonant forms. Poetry frequently has a greater impact than prose because a poet may convey in a single poem what might take 10 pages of writing to explain with force and power. Poetry is easier to remember than prose, and the most important events, sciences, and arts can be easily transmitted from generation to generation by adapting them to the form of poetry. Muslim physicians, who specialized in poetry and literature, also conveyed medical information through poetic forms. Among these famous physicians are *Ibn Sina*, *Ibn Tufail*, *Yusuf Haravi*, etc. Syllabic repetitions produce a jingle-like sound that is particularly easy to remember. As documented by *Qattaya*, Ibn Sina composed several other medical *Urjuzahs*, one on anatomy, one on health preservation during the four seasons, one on tried medicaments, and one on clinical evidence derived from pulse and urine.

Keywords: Urjuzahs, Ibn Sina, medical poetry, Unani medicine, manuscripts

Introduction

"*Arjoza*" is derived from *Rajaz*. ***Rajaz*** is a classical Arabic poetic metre characterized by its simple, rhythmic, and easily memorizable pattern. *Rajaz* possesses diverse interpretations.¹ "The trembling of the voice" is one of its meanings. It is the name of a poetic meter. During wartime, poems have frequently been recited in this rhythm. The recitation of poems during times of war causes the voice to shake and become anxious.² This approach to poetry is hence known as *Rajaz*. According to Dr. Ghazi Yamoot in "*Bahur Al-Sha'ar Al-Arabi*,"³ *Rajaz* is shaking." It is said that *rajz*, is the boil that develops in a camel's rear legs when it stands up, is what makes the animal tremble. According to "*Mu'jam al-Ma'ani al-Jami*" the Arabs used to honor camels in *Qasids* called *Rajzan*. Later, the original meanings of *Ar-juzah* expanded and it was applied to all the systems of poems said in the metre of *rajz*.⁴ Therefore, the collection of poems said on medical subjects and chapters was also called *Ar-juzah*. Several *Ar-juzahs* have been written on medical subjects in the Arabic language.⁵

Arabic didactic poems are referred to as "*urjuzah*" to denote two distinguishing characteristics. First, the syllabic repetitions in the *Rajaz* meter, which is typically used to compose poems in that genre, create a jingling sound that is quite memorable.⁶ Second, the rhyme of an *urjuzah's* initial verse is not repeated in the poem's subsequent verses, in contrast to the monorhythmic structure of conventional poetry. Nonetheless, the two hemistiches in every stanza rhyme consistently.^{7,8,9}

Poetry has long been seen as a beautiful and powerful means of expressing emotions. Additionally, historical data indicates that on several scientific issues, in many instances poetry is preferred over prose.¹⁰ Poetry frequently has a greater impact than prose because a poet may convey in a single poem what might take 10 pages of writing to explain with force and power. Poetry is easier to remember than prose, and the most important events, sciences, and arts can be easily transmitted from generation to generation by adapting them to the form of poetry.^{11,12} Through Homer's poetry, significant figures and events in Greek history are introduced. Greek history is primarily derived from Homer's poetry. These poems highlight the value and necessity of medicine as well as the common medications and therapeutic approaches used at the time. Like Homer, other Greek poets are also notable, such as Eumelus of Corinth, a resident of Corinth; Hesiod, a native of Ascra; and Simmias of Samos, a native of Samos.^{13, 14} Poetry is a valuable tool for learning history, and these poems can provide significant insight into a variety of historical topics. The Arabs were proud of their language and had a tradition of using poetry and rhyme to convey significant ideas. The advent of a tradition of didactic poems composed by scholars for the purpose of teaching and training

their students, which coincided with the resurgence of various scientific disciplines and the growing interest in literary studies in the eighth-century Islamic world, gave rise to a new theme in Arabic poetry. To help pupils learn basic medical concepts, essays on a wide range of topics were translated into verse, including Quranic studies, the Arabic language, history, oceanography, navigation, astronomy, and even mathematics. Muslim physicians, who specialized in poetry and literature, also conveyed medical information through poetic forms. Among these famous physicians are *Ibn Sina*, *Ibn Tufail*, *Yusuf Haravi*, etc.^{15,16}

Ibn Sina was an expert in every kind of art. He excelled at all of them and filled every void in the well-liked ones. He was an intelligent figure, a writer, and a doctor. He wrote several books about medicine and was a smart and talented poet.^{17, 18} Avicenna composed several poetic treatises that can help students in their medical education. The *rajaz* meter was used to write these treatises, which are referred to as *Urjuzeh*, a form of Arabic poetry characterized by its rhythmic structure. The most significant is "*Urjuzh tebbi*." Ibn Sina wrote several further medical *Urjuzahs* about anatomy, preserving health throughout the four seasons, medications, and clinical proof obtained from taking the pulse and urine, as reported by Qattaya.^{19, 20, 21, 22} The most well-known of them was *Arjoza fi al-Tibb*.

The medical community widely recognizes Ibn Rushd Andalusí as Avicenna's competitor. It gained notoriety because, following the *Al-Qanun*, all subsequent writings on the broad principles of medicine were often composed in the *Al-Qanun*'s style. Only *Ibn Rushd* assembled his book *Kitab Al-Kulliyat* in opposition to Ibn Sina's methodology. No one else has the courage to do this; however, Ibn Rushd's commentary on Ibn Sina's well-known poetic collection "*Arjuzah fi al-Tibb*" (also known as "*Al-Fiyyah fi al-Tibb*") is perhaps the best evidence of the distinctiveness of Ibn Sina's poetry and writings.²³

Literature helps us to find powerful words; understanding this fact, Avicenna tried to treat patients using poetic phrases and advice. That's why he wrote "*Urjuza fit-tib*," which serves as the primary book containing Avicenna's poetic reflections on his medical investigations.

Syllabic repetitions produce a jingle-like sound that is particularly easy to remember. As documented by Qattaya, Ibn Sina composed several other medical *Urjuzahs*, one on anatomy, one on health preservation during the four seasons, one on tried medicaments, and one on clinical evidence derived from pulse and urine.²⁴

Among Ibn Sina's notable compositions in medical poetry are

1. *Al-Urjuzah fi al-Tibb* (Poem on Medicine)
2. *Al-Urjuzah fi Wasaya al-Tibbiya* (A Poem on Medical Guidance)

3. Urjuzah fi Amra. Jafn al-Aiyn (A Poem on Diseases of the Eyelid)
4. Urjuzah fi Tarif al-Nab. wal-Baul (A Poem on the Knowledge of the Pulse and Urine)
5. Urjuzah fi tadbir al-Si..ah fi al-Fusul al-Arba'ah (Poem on the Regimen of Health in the Four Seasons)
6. Urjuzah fi al-Tashreeh (A Poem on Anatomy)
7. Urjuzah al-Mujarrabat fil-Tibb (A Poem on Tested Drugs) ²⁵

Urjuze Sinaei – Fie-Tibb (Medical Poem by Avicenna):

About the Book

One of the little-known of Avicenna's works is the *Urjuze Tebbi* (also known as the *Urjuze Sinaei* and *Alfieh Tebbi*), which comprised a perfect course in traditional Persian medicine. This book was highly regarded as a teaching tool in medieval Europe and had several Latin, English, and French translations. The title of the book suggests that this *UrjuzeTebbi* is about medical sciences. The language used in the *Urjuze Tebbi* is clear and easy to understand. Most topics are dealt with in a summarized form with little accompanying detail.

Brief Contents of the Book:

The book starts with thanks to God and praise to Prophet Muhammad (pbuh). Then *Tib* (medicine) is defined, and the subdivisions of medicine are explained. Avicenna divided medicine into speculative and practical. Descriptive medicine studies the functions of, and changes in, the human body and the significant factors that lead to diseases or health and helps physicians to reach a diagnosis. The first main part of the poem in *UrjuzeTebbi* introduces speculative medicine and describes natures (*tabieiat*) from the elements (*arkan*) up to the actions of different organs (*Af'âl*). The next part describes the influences of the stars and the sun on the weather and the six essential principles (*setteyezarurieh*). Issues out of *tabieiat* are then described, including diseases, causes (*asbab*), symptoms (*a'araz*), signs (*dalayel and alaem*), and crises (*bohran*). In the second part of the *Urjuze Tebbi*, practical medicine (*moalejat*) is explained in detail.

The first section of the theoretical part starts with the words, 'Medicine is the preservation of health and the cure of disease that arises from conscious causes that exist in the body.'

Therefore, in one single verse, Ibn Sina managed to convey a comprehensive definition of medicine with the ability to include, in today's language, the broad outlines of a medical curriculum:

- *Hifz Sihhatin* is preserving health and refers to preventive medicine.
- *Buru Marad* is the treatment of an illness and refers to therapeutic medicine.

- *Min Sababin* signifies "due to a cause," thus referring to the study of etiology, pathology, bacteriology, and parasitology.
- *Fi Jismin* refers to the study of the normal body.
- *Anhu Arad* translates to 'symptoms resulting from that illness.' This refers to clinical medicine.

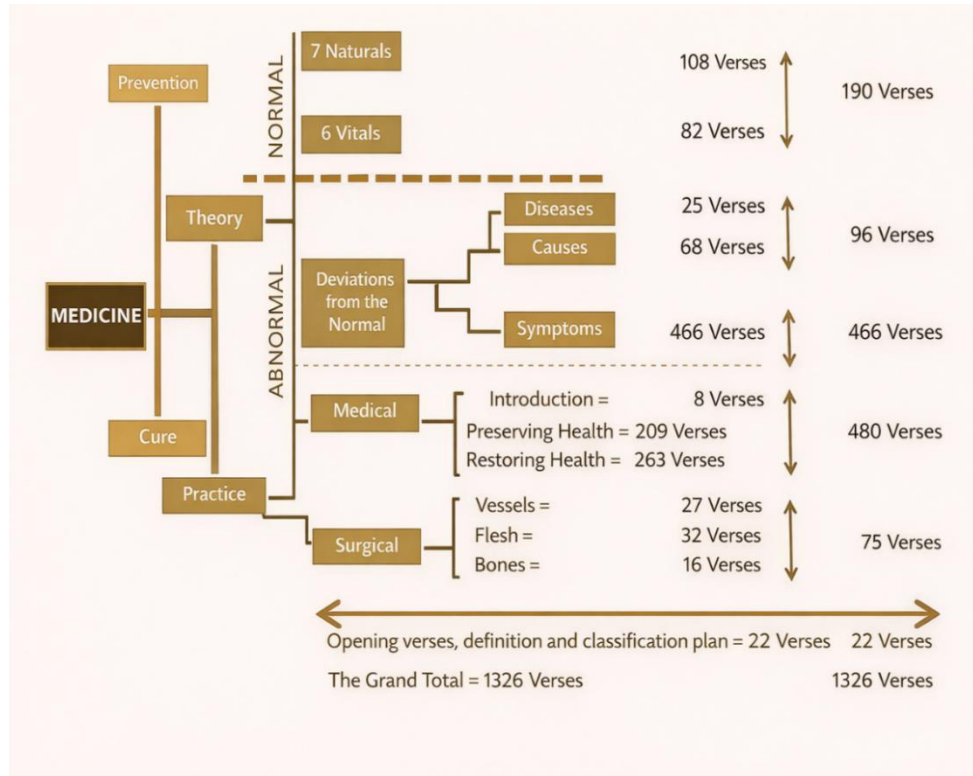


Figure: 1

"Arjoza fi Tadbir al-Sahah fi al-Fusul al-Arba'ah": The Poem about Taking Care of Health Throughout the Four Seasons

"Arjoza fi Tadbir al-Sahah fi al-Fusul al-Arba'ah," a short but well-known work by *Sheikh al-Rais Bu Ali Sina*, has a unique subject matter. It features four seasons, each of which is listed and explained in detail by the author. It also describes ways to prevent weather-related problems. The procedures and requirements of healthcare, as well as variations in the seasons and their remedies, have been briefly discussed in this lyrical treatise, which essentially comprises couplets (90–146).

Several copies of this *Arjoza* are found in various libraries of the world, such as Escorial, Paris, Berlin, Bodleian, Khuda Bakhsh Library Patna, Beirut, the British Museum, and Istanbul, etc., the details of which are as follows:

1. The manuscript of the *Ayatollah Al-Hakim, Najaf*: Its headlist number is 308, its headlist number is 1308, the date of its publication is 1370, and its dimensions are 14 × 70 cm. There are a total of 149 verses in this manuscript.

2. The manuscript of the *Madarsa Yahya Pasha al-Jalili, Mosul*: its head list number is 732, the date of its publication is not given, and its dimensions are 18 x 7 cm. The opening and closing verses of this manuscript are the same as the Najaf manuscript, but it has only 130 verses.
3. The copy of Khuda Bakhsh Library, Patna: Its head list number is 2600/4 (Arabic). In this manuscript, there are a total of 138 verses.
4. Another copy from Khuda Bakhsh Library, Patna, with head list No. 2637/3 (Arabic). There are 96 verses in this manuscript.

The explanation of *Arjuzah* in the four seasons

In the medical world, Ibn Sina is a figure whose summaries or commentaries have been written for almost all of his books. Thus, *Arjoza fi al-Fusul al-Arba'ah* has also been commented on under the name "*Al-Qawl al-Anis wa durr al-Nafis ala Manzooom al-Shaykh al-Ra'is*." The commentator's name is *Madin bin Abdul Rahman al-Tabib*.

Brief introduction to the manuscript

This treatise by *Sheikh Al-Raees Abu Ali Sina* contains roughly 146 verses in total. Seasonal variations and their cures have been briefly discussed by Ibn Sina. Following the praise and worship, he talks about the fundamental issues in medicine and the division of temperament in the first twenty-five verses. He also defines the temperament of different ages, genders, and seasons. He concludes by saying that the primary causes of every illness are food and drink, place of residence, and season. Spring is mentioned in verses 26 to 39, where it is said that the season of *Rabi* begins when the sun is in the sign of Aries. It has moderate levels of heat and chill. It includes detailed descriptions of living arrangements, food and medicine, bathing and sexual activity, and things to avoid. The summer diet and measures are next discussed in verses 40 through 55. The seasons of autumn and winter are referenced in lines 56–77 and 78–94, respectively. The nature of the seasons is discussed in verses 95–111. Finally, medicinal and nutritional measures are described in chapters 12 to 146.

al Baba edited the Arabic text of Ibn Sina's poem in his book "*Min Mu'allafat Ibn Sina al-Tibbiyah*" (Aleppo: *Ma'had al-turath al-ilmi al-arabi*, 1984), spanning pages 90-194.

2. Henri Jahier and Abdel Qader Nouredine published an Arabic-Latin-French edition and translation under the title "*Avicenne, Poème de la médecine, Urguza fi al-tibb, Cantica Avicennae*" (Paris: Société d'Édition "Les Belles Lettres," 1956).

3. Siyavash Samandar translated the poem into Persian with the title "*Ash'ar-i Pizishki-i Bu Ali*," which was published in 1993 by Navid-i Shiraz, Shiraz.

4. Haven C. Krueger provided an English translation titled "*Avicenna's Poem on Medicine*."

based on the French translation by Jahier and Nouredine.²⁵

Ibn Sina is credited with writing *Urjūzah fī Tadbīr al-Ṣiḥḥah fī al-Fuṣūl al-Arbaʿah* (Poem on the Regimen of Health in the Four Seasons), which is preserved as item 4 in MS A 34 (folios 54b–58a). This undated Arabic manuscript is a comprehensive poetic treatise on seasonal health management and was probably created in the 18th century based on the features of the script, ink, and paper. With sporadic ligatures, the text is written in a medium-small naskh hand that is consistent but rather unrefined. The main text of the manuscript is written in black ink, with red highlights for headings and red dots for stanza endings. There is also some vocalization. The scribe did not always strictly follow the frame-ruled borders of the text area. The semi-glossy, cream-colored paper has a watermark, single chain lines, and lay lines. It also has worm damage and trimmed edges, along with some obvious repairs. The folios are roughly 20 × 13.7 cm in size, with 18 lines per page and a text area of roughly 15.3 × 9 cm. The author's name, al-Shaykh al-Raʾīs Abū ʿAlī al-Ḥusayn Ibn Sīnā, is listed on folio 54b, although the title occurs on folio 55b. This poem is one of eight pieces of medical poetry in a larger codex of sixty leaves, all of which were copied by the same scribe. Other writings ascribed to Ibn Sina, poems by Ibn Makki, and a portion of a versified dissertation connected to Hippocrates are included in the book. The codex was purchased by the Army Medical Library from A. S. Yahuda in 1941 and is bound in red leather over pasteboards with an envelope flap in a contemporary library binding. Additionally, the manuscript has catchphrases and marginal annotations that demonstrate its scholarly use and transmission within the medical poetry tradition.²⁶

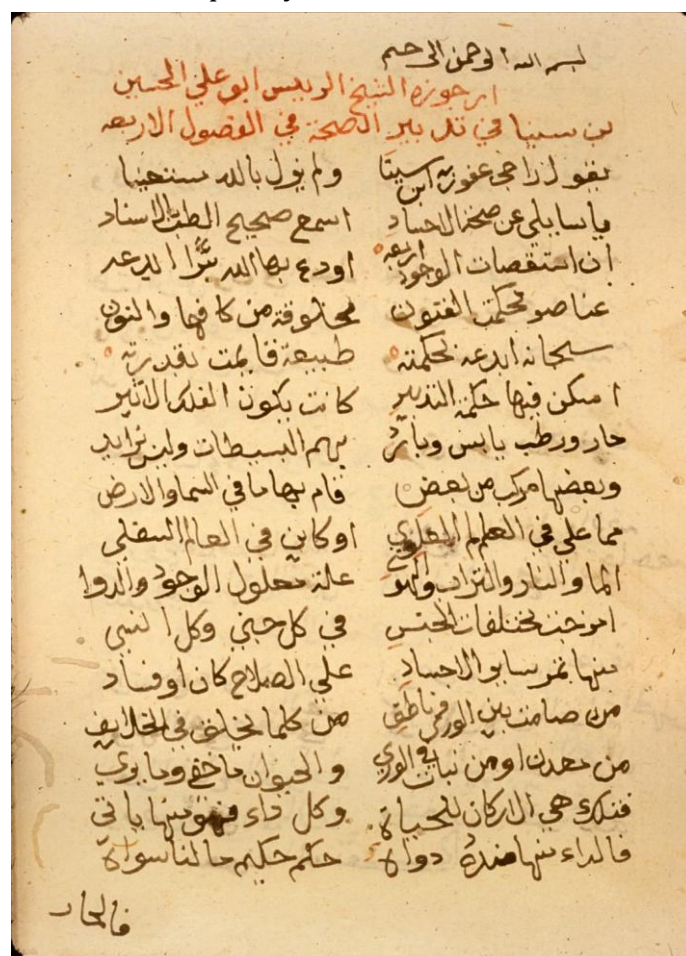


Figure 2: *Urzuja fī al Hummiyat*

Brief Introduction of the Manuscript

Each thematic unit of Ibn Sina's *Urjūzah fī al-Ḥummiyāt* (Poem on Fevers) corresponds to a certain range of verses, and the order is methodical and pedagogically cohesive. In the first four verses of the poem, known as the Opening Invocation (*Ḥamd wa Muqaddimah*), the author praises Allah, asks for divine help, and introduces the topic of fever (*ḥummā*). He makes it apparent in these opening lines that he intends to condense medical knowledge into a brief poetic style, creating a scholarly and religious framework that is in line with the traditional Islamic scientific tradition.

The Definition of Fever (*Ta'rif al-Ḥummā*), which is discussed in Verses 5–12, comes next. Ibn Sina describes fever in this section as an aberrant heat that comes from a disruption of the body's intrinsic heat (*al-ḥarārah al-gharīziyyah*). While differentiating between physiological (normal) heat and pathological heat, he highlights the importance of the heart as the source of essential heat. He also discusses the academic controversy in these verses about whether fever is mostly caused by the heart or by tainted humors that then impact the heart, ultimately combining the two viewpoints.

The causes of Fever (*Asbāb al-Ḥummā*), which are discussed in Verses 13–25, are the next topic of consideration. Here, Ibn Sina describes the etiological underpinnings of fever, such as putrefaction (*Ta'affun*), humoral imbalance (*Su'-I Mizāj*), and both internal and external causes. He makes a distinction between simple or non-material (*basīṭah*) and material (*māddī*) fevers, and he participates in the theoretical discussion of whether morbid matter is necessary for all fevers. A dual classification that acknowledges both material and basic fevers is supported by his conclusion.

Verses 26–45 make up the next significant portion, Types of Fever (*Aqsām al-Ḥummiyāt*). Ibn Sina categorizes fevers in these verses into simple and material categories. He also further subdivides material fevers based on the prevalent humor, which includes *sawdāwiyyah* (melancholic), *balghamiyyah* (phlegmatic), *ṣafrāwiyyah* (bilious), and *damawiyyah* (sanguine). Additionally, he distinguishes between continuous, intermittent, tertian, and quartan fevers according to their temporal patterns. The humoral theory and traditional periodicity teachings are both reflected in this grouping.

Verses 46–60 of the Pathogenesis of Fever (*Kayfiyyat Ḥudūth al-Ḥummā*) describe how tainted humors experience putrefaction and produce aberrant heat that travels through the vessels to impact different organs. Although the heart is said to be the primary organ where fever manifests, humoral corruption may be the initial cause in other parts of the body.

The clinical characteristics of fever are then described in Verses 61–75, which contain the Signs and Symptoms (*ʿĀlāmāt al-Ḥummā*). Ibn Sina talks of restlessness, elevated body temperature, thirst, changes in urine, and pulse changes. The diagnostic difference based on the predominant humor and obvious clinical manifestations is emphasized in these passages.

In verses 76–90, the poem then discusses the stages and crisis of fever (*Aḥwāl wa Marāḥil*). The start, peak, crisis (*buḥrān*), and remission of fever are described by Ibn Sina. This part emphasizes the crucial turning point in the disease process and the significance of tracking its progression, reflecting the traditional Hippocratic crisis theory.

The Treatment Principles (*ʿIlāj al-Ḥummā*), which span Verses 91–120, mark the poem's conclusion. Ibn Sina provides a thorough therapeutic framework in this last and longest section. It covers cooling techniques, phlebotomy in cases of blood fevers, dietary regulation (*tadbīr al-ghidhā*), removing the cause (*izālat al-sabab*), evacuation of morbid matter (*tanqiyah*), temperament-based pharmacotherapy, and cooling regimens. He emphasizes that the course of treatment needs to be tailored based on the stage and humoral predominance of the fever, as well as whether it is material or simple.

As a result, the poem's structural progression—Verses 1–4 (Invocation), 5–12 (Definition), 13–25 (Causes), 26–45 (Classification), 46–60 (Pathogenesis), 61–75 (Signs), 76–90 (Crisis), and 91–120 (Treatment)—shows a rational scientific order. The work serves as a succinct but methodical explanation of Unani fever theory, including definition, etiology, pathology, clinical symptoms, prognosis, and management within a logical didactic framework. It was written in *Rajaz* meter for memory purposes.

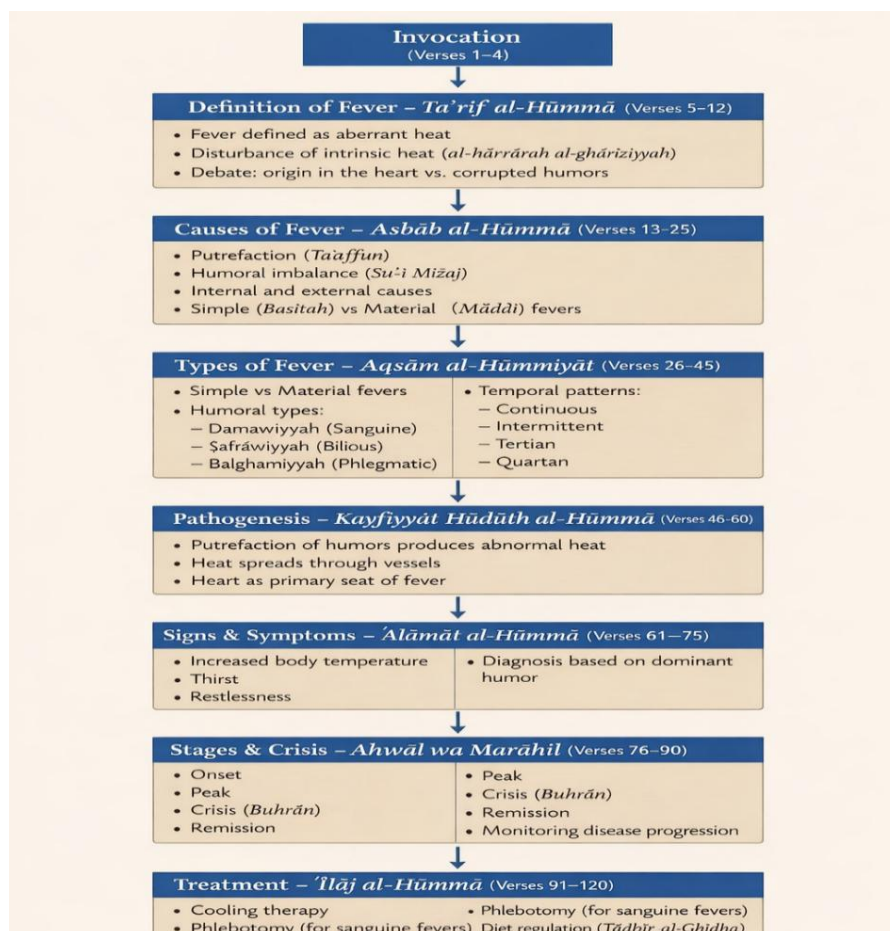


Figure 3



Figure 4 First page

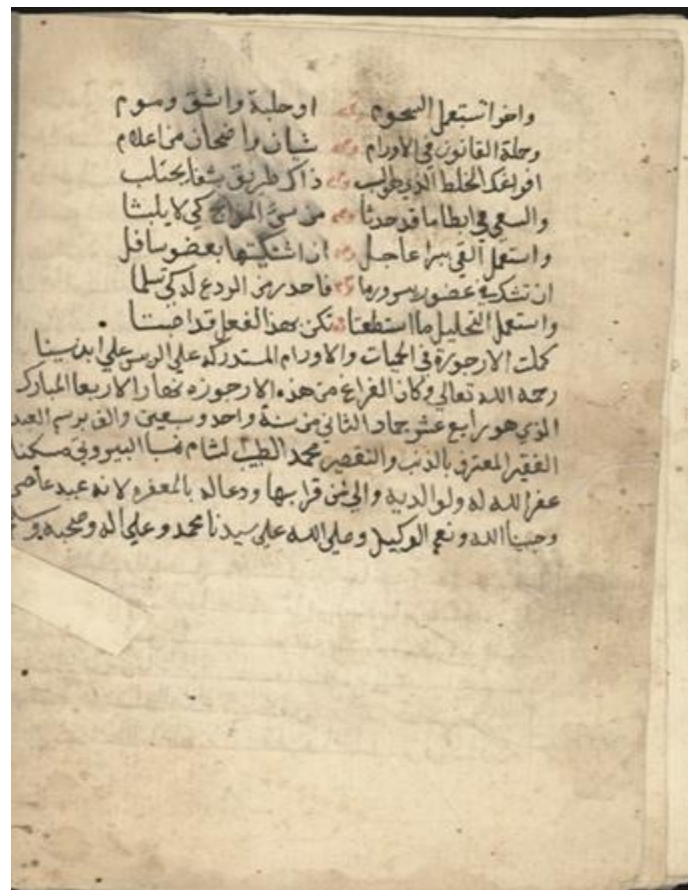


Figure 5 Last page

Urjūzah *fī ta'rīf al-nabd wa-al-bawl* (A Poem on the Knowledge of the Pulse and Urine).

Ibn Sina (Avicenna) is credited with writing the poem. The work focuses on discovering diagnostic characteristics of the urine (*bawl*) and pulse (*nabd*), which were crucial instruments in traditional Islamic medical prognostics. The table of contents on the first leaf of the manuscript attributes the poem to Ibn Sina, but the credit is not stated directly in the poem. This creates some scholarly doubt about who wrote it.

According to the catalogue, the poem is the same as one that is kept in London's Wellcome Library for the History and Understanding of Medicine. It comes just after a copy of the well-known medical poetry *Urjūzah fī al-ṭibb* (poetry on medicine) by *Ibn Sina* in that collection. Although the Wellcome manuscript is likewise undated, it may have been written between the 17th and 18th centuries. Like the copy from the National Library of Medicine, the Wellcome edition does not specifically identify Ibn Sina as the author in the poem's text and thus has not been regularly listed among Ibn Sina's verified works in significant bibliographical analyses. Its attribution is further complicated by the fact that no further manuscript copies are now known to exist.

Crucial codicological information is provided by the manuscript's physical description. The five leaves (folios 48a–52b) include the Arabic-language text. The manuscript measures roughly 20 × 13.7 cm, with a text area of roughly 15.3 × 9 cm. There are eighteen lines of writing on each page. Headings inside the text itself are the source of the poem's title. Since the manuscript is a part of a larger collection of medical poetry, the author is identified as *al-Shaykh al-Ra'īs Ibn Sina* in a contents list on the title page (folio 1a) of the collected volume.

Although the manuscript is not dated, the overall look of the paper, ink, and calligraphy points to an 18th-century provenance. Within the same collection, two other poems credited to *Ibn Sina* are allegedly copied by the same writer. The text is written in a medium-small *Naskh* script with sporadic ligatures that are characterized as unrefined yet consistent. Although it is not usually rigorously adhered to, the text space is frame-ruled. The text's heads are written in red with vocalization markings, while the body of the text is written in black. Red dots represent the ends of stanzas. Catchphrases and sporadic marginal remarks are other manuscript traits.

All things considered, this work offers a bibliographical and codicological account of a brief medical didactic poem on urine and pulse diagnostics that is credited to Ibn Sina. The authorship is still unknown because there is no clear internal attribution and no supporting manuscript evidence, even though the content embodies fundamental ideas of traditional Islamic medicine, including the diagnostic significance of uroscopy and pulse examination. Scholars researching

manuscript culture, the dissemination of medical poetry, and the larger Avicennian tradition in post-classical Islamic medicine will find the entry to be useful.

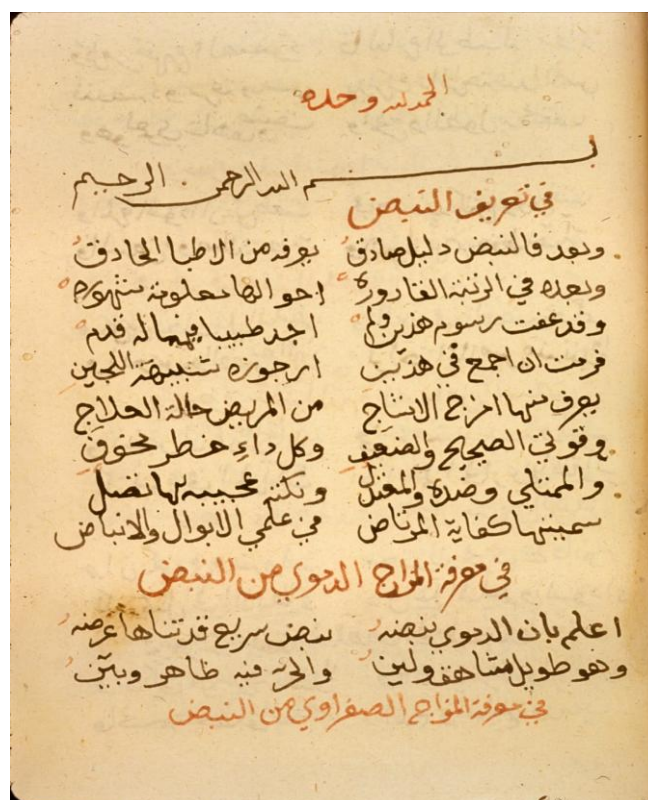


Figure 6 First page

Urjūzah fī amrād jafn al-‘ayn (A Poem on Diseases of the Eyelid),

The manuscript is attributed to Ibn Sīnā (Avicenna). Although the poem specifically mentions the eyelids in its title, it is a didactic medical work that covers a broad range of ocular diseases. While the National Library of Medicine (NLM) copy does not explicitly name an author, scholars believe it may belong to Ibn Sīnā because it consistently appears in manuscripts alongside his verified works, such as the Poem on Medicine and his writings on health management. Identical versions of this poem have been identified in the Wellcome Library in London and the Vatican, though it remains absent from official bibliographical catalogues of *Ibn Sīnā’s* compositions.

In terms of its physical characteristics, the NLM copy is an undated Arabic manuscript likely produced in the 18th century. It consists of three leaves written in a medium-small naskh script that is described as somewhat inelegant but consistent. The text is written in black ink, while headings are highlighted in red and stanza endings are marked with red dots. The layout features frame-ruled margins that the scribe did not always strictly follow, and the pages include scattered marginalia and catchwords to help the reader navigate the verses.

The manuscript (MS A 34) is an Arabic work consisting of 3 leaves (folios 52b-54a) with overall dimensions of 20 x 13.7 cm. The specific text area on each page measures approximately 15.3 x 9 cm, and each page contains 18 lines of writing. The title, *Urjūzah fī amrād jafn al-‘ayn*, is

explicitly provided on folio 52b, line 2, although no author is named within the text itself. The entire volume was produced by the same scribe, who also copied the preceding and following items attributed to Ibn Sīnā.

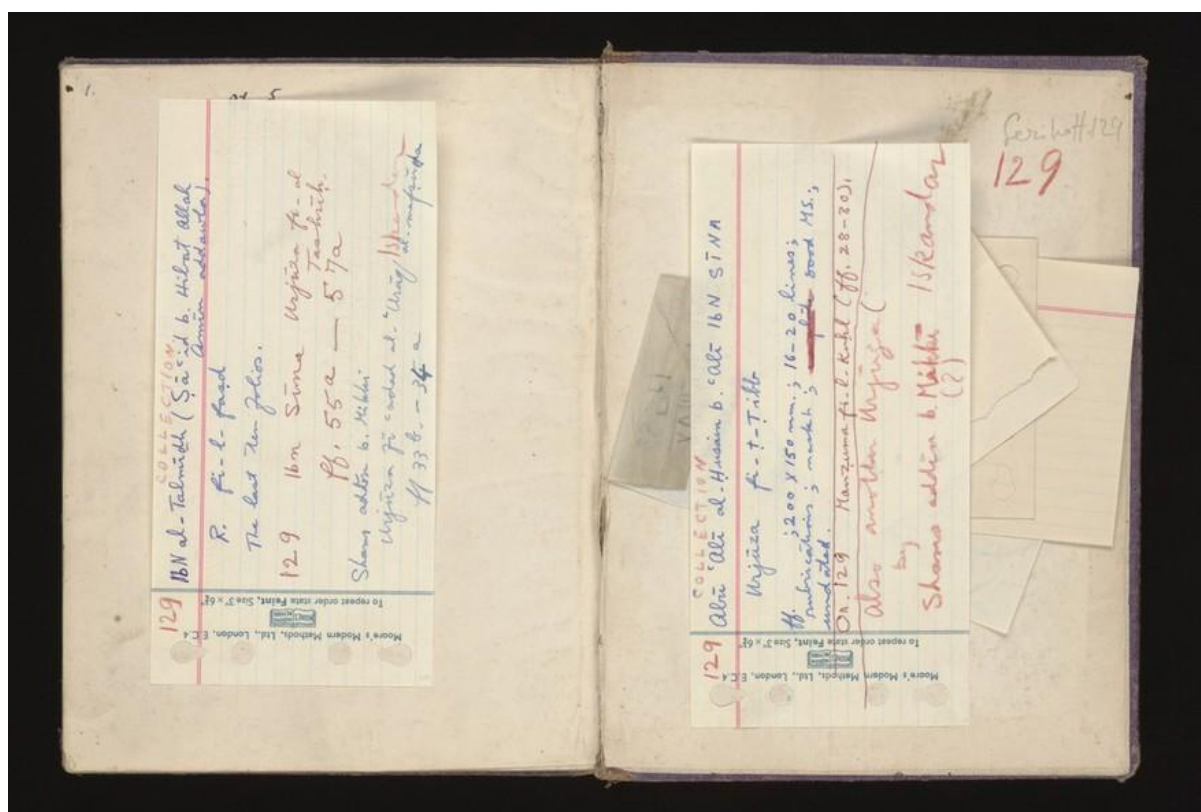




Figure 7,8,9 & 10

Methodology

The present study employed a qualitative review methodology based on an Input–Processing–Output (IPO) framework. Relevant information was gathered from primary sources, including original Unani manuscripts, facsimiles, and classical texts in Arabic, Persian, Latin, and Urdu, as well as secondary sources such as published translations, catalogues, scholarly articles, and historical monographs. Digital repositories and databases, including PubMed, Google Scholar, etc, were also consulted.

Discussion

The findings of this review underscore that Ibn Sina's valuable medical works, despite its pivotal role in understanding and advancing Unani medical knowledge, remains a profoundly underdeveloped field. Number of manuscripts—many unique and scientifically valuable—are scattered across national and international libraries, private holdings, and institutional collections. However, their effective utilization is hindered by several interrelated challenges.

First, accessibility remains limited. Although some libraries maintain catalogues, many lack detailed metadata, and inconsistencies in naming conventions often lead to confusion, duplication, or misidentification of manuscripts. Private collections, in particular, remain difficult to access, and researchers frequently encounter incomplete or inaccurate descriptions that complicate scholarly work.

Second, preservation challenges are critical. Manuscripts continue to deteriorate due to humidity, biological infestation, acidic inks, and inadequate storage environments. A shortage of trained conservators further exacerbates these vulnerabilities.

Third, there is a notable deficit of trained experts in classical Arabic, Persian, palaeography, codicology, and critical editing. The interpretation of medical manuscripts demands not only linguistic proficiency but also a sound understanding of Unani medical concepts. Misreadings, scribal errors, metathesis, and cacographic distortions often complicate accurate transcription, highlighting the need for specialized training.

Fourth, although digital initiatives have improved access to some extent, large segments of the manuscript corpus remain undigitized or available only as low-quality reproductions. Digital repositories, where available, often lack critical cross-referencing, standardized cataloguing, or annotations that support scholarly use.

Work on manuscripts of Inn Sina is therefore not merely a heritage-preservation effort; it is an academic necessity with the potential to transform contemporary Unani medicine. The hidden

wealth within these manuscripts may offer refined clinical observations, nuanced diagnostic principles, and detailed pharmacological formulations that can enrich current practice.

Conclusion

As vast portions of the Ibn Sina's works remain uncatalogued, unedited, and at risk of irreversible loss. Strengthening this discipline requires coordinated efforts in conservation, digitization, cataloguing, and the preparation of reliable critical editions supported by experts proficient in classical languages, paleography, and Unani medical theory. A systematic, collaborative, and interdisciplinary approach will not only safeguard invaluable historical knowledge but also revitalize its relevance for the advancement of Unani Tibb in the modern era.

Conflict of Interest

Nil

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