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The Translation of the Work by Ali Münşî of Bursa Tuhfe-i Aliyye/Kına Kına Risâlesi#

Terjemahan Karya Ali Münşî dari Bursa Tuhfe-i Aliyye/Kına Kına Risâlesi

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Abstract

This study examines the historical use of Kına Kına in Ottoman medical practice, focusing on its efficacy, preparation, and associated risks. Drawing on classical medical texts and empirical observations, it explores traditional methods of enhancing Kına Kına's potency—boiling with mâul-kurah and sweeteners, and later adding çintiyânâ to counter diminishing effects. Although widely used to treat fevers, concerns about side effects such as dizziness and anxiety led to ongoing debates among physicians. A notable 1708 case in Bursa illustrates the dangers of improper dosage. The study underscores the empirical orientation of Ottoman medicine, its commitment to humoral balance, and the cautious but enduring reliance on traditional remedies.

Keywords Islamic Manuscript, Islamic Medicine, Kina Kina Risâlesi, Ali Münşî of Bursa, Ottoman Heritage.

Abstract

Studi ini meneliti penggunaan historis Kına Kına dalam praktik pengobatan Ottoman, dengan fokus pada efektivitas, metode persiapan, dan risiko yang terkait. Berdasarkan teks-teks medis klasik dan pengamatan empiris, penelitian ini mengeksplorasi metode tradisional untuk meningkatkan khasiat Kına Kına—dengan merebusnya bersama mâul-kurah dan pemanis, serta kemudian menambahkan çintiyânâ untuk mengatasi penurunan efektivitas. Meskipun banyak digunakan untuk mengobati demam, kekhawatiran tentang efek samping seperti pusing dan kecemasan memicu perdebatan di kalangan tabib. Sebuah kasus pada tahun 1708 di Bursa menggambarkan bahaya dosis yang tidak tepat. Studi ini menekankan sifat empiris pengobatan Ottoman, komitmennya pada keseimbangan humoral, serta penggunaan hati-hati namun berkelanjutan terhadap pengobatan tradisional.

Keywords Naskah Islam, Pengobatan Islam, Risalah Kina Kina, Ali Münşî dari Bursa, Warisan Utsmaniyah.

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Introduction

ʿAli Munshî Efendi of Bursa stands as a remarkable figure in the intellectual and medical history of the Ottoman Empire. Born into the esteemed Menteşzade family of Bursa, renowned for its scholarly contributions, ʿAli Munshî embarked on a distinguished journey that encompassed both traditional Islamic scholarship and medical expertise. His academic foundations were laid in the madrasas of Bursa, where he received rigorous instruction under the guidance of Ahmed Efendi of İshak. This formative period not only cultivated his command of Arabic, Persian, and several European languages but also set the stage for his future contributions to medicine and literature.

ʿAli Munshî's transition into the field of medicine was facilitated by his apprenticeship under Ömer Şifaî of Bursa, a distinguished physician at the Yıldırım Bayezid Dar al-Shifa. Under Ömer Şifaî's tutelage, he honed his medical skills and eventually became his assistant. Simultaneously, he advanced his career in academia, securing a position as a mudarris (professor) in external madrasas. Balancing his roles as both a healer and a scholar, ʿAli Munshî earned widespread recognition for his expertise, culminating in his appointment as one of the elite physicians at the imperial court. His reputation further solidified when he assumed the role of chief physician at the Patients' Ward of the Galatasaray Enderun School, a position he held until his passing in 1733.

Beyond his medical practice, ʿAli Munshî was a prolific writer and translator whose works played a pivotal role in the advancement of Ottoman medical knowledge. His contributions spanned both original compositions and translations of significant European medical texts, reflecting his deep engagement with contemporary scientific developments. Among his extensive corpus of writings, fourteen works have been identified, one in Arabic and the remainder in Turkish. His scholarly pursuits particularly emphasized pharmacology, a field in which he compiled extensive treatises detailing the

properties, preparation, and applications of various medicinal substances. His work *Bidâ'at al-Mubtadî* is a prime example, serving as a comprehensive pharmacopoeia that provided insight into compound medicines, including a notable discussion on the therapeutic benefits of mineral waters.

ʿAli Munshî's dedication to the dissemination of Western medical knowledge among Ottoman physicians is evident in his numerous translations. *Kurâsat al-Kimyâ*, his translation of Michael Ettmüller's *Chemia Experimentalis Atque Rationalis Curiosa*, highlights his engagement with iatrochemistry, an emerging field that merged chemistry with medical treatment. Similarly, *Kitâb-ı Münsiht Tercümesi*, a translation of a pharmacological work by Adrian von Mynsicht, exemplifies his role in bridging European and Ottoman medical traditions. His openness to integrating diverse intellectual currents is further underscored by his engagement with the works of Paracelsus, a figure known for challenging traditional Galenic medical paradigms.

Among ʿAli Munshî's notable contributions is "Tuhfe-i Aliyye" (Kınakına Risâlesi), the first Ottoman monograph dedicated to the Kınakına plant (Cinchona succirubra), renowned for its effectiveness in treating malaria. This work not only explored the plant's medicinal properties but also provided a historical account of its introduction to Europe and subsequent transmission to the Ottoman medical tradition. ʿAli Munshî's assertion that he was the first Ottoman physician to employ this remedy underscores his pioneering role in integrating new therapeutic methods into Ottoman medical practice.

His scholarly endeavours extended beyond pharmacology. *Jarrahnâme*, a surgical manual composed in nine chapters, provided insights into anatomy and surgical techniques, incorporating discussions on abscesses and aneurysms. Meanwhile, *Altınotu Risâlesi* documented the medicinal virtues of the Ipecacuanha plant, an important remedy for amoebic dysentery. Other notable works, such as *Risâle-i Pâd-zahr*, addressed toxicology and antidotes, further illustrating his vast medical knowledge.

ʿAli Munshî's intellectual legacy extended beyond medicine to poetry, where he wrote under the pen name "Münşî/Munshi." His refined literary style complemented his scientific rigor, reinforcing his position as a polymath whose influence transcended disciplinary boundaries. His mentorship of prominent physicians, including Abbas Vasim Efendi, ensured that his contributions endured beyond his lifetime.

The enduring value of ʿAli Munshî's works is evidenced by their widespread manuscript circulation and continued scholarly engagement. His integration of traditional Islamic medical principles with contemporary European advancements positioned him as a crucial figure in the evolution of Ottoman medical thought. By synthesizing diverse intellectual traditions, he not only enriched the medical knowledge of his era but also facilitated a more comprehensive and globally informed approach to healing. His works remain a testament to the vibrant scholarly culture of the Ottoman Empire and its role in the broader history of science and medicine.

Finding and Discussion

The Life of ʿAli Munshî of Bursa (Bursa [?] – Istanbul, 1733)

Since he is originally from Bursa, he is more widely recognized as "ʿAli Munshî Efendi of Bursa."[1]. His lineage traces back to the esteemed Menteşzade family of Bursa, renowned for producing numerous scholars. ʿAli Munshî received his early education in the madrasas of Bursa, where he took private lessons from his mentor, Ahmed Efendi of İshak Hocası (d. 1708)[2]. Upon completing his formal studies, he pursued the study of medicine under the tutelage of Ömer Şifaî of Bursa[3] (d. 1742), a physician of the Yıldırım Bayezid Dar al-Shifa in Bursa, and in due course became his assistant. Meanwhile,

[1] Although Bursalı Mehmed Tahir argues that he was originally from Istanbul (*Osmanlı Müellifleri*, İstanbul 1343, III, 228) the presence of certain records in both his work Kınakına (see f. 8b) and some of his other writings indicating that he was from Bursa suggests that this claim is not accurate.

[2] Salim Ayduz, "Ahmet Efendi (İshak Hocası)", *Yaşamları ve Yapıtlarıyla Osmanlılar Ansiklopedisi* (YYOA), İstanbul 1999, I/119-120.

[3] Salim Ayduz, "Ömer Şifaî Efendi", *YYOA*, II/429.

having completed his madrasa education, he attained the position of mudarris at one of the Harici madrasas. While tending to the treatment of the ailing on one hand, he also devoted himself to imparting knowledge, delivering lessons at various madrasas in Bursa and Istanbul. Through his remarkable contributions in the field of medicine, his renown swiftly grew, culminating in his appointment to the imperial court as one of the distinguished physicians of the *etibbâ-yı hâssa/royal physicians* of Topkapi Palace. After a period of dedicated service in this esteemed role, he was elevated to the position of chief physician (*hekimbaşı*) at the Patients' Ward of the Galatasaray Enderun School. It was while fulfilling the responsibilities of this prestigious office that he passed away in the year 1733. The tomb, originally situated near the Himmet Dede Lodge in Üsküdar, was later relocated to the Karacaahmet Cemetery. ʿAli Munshî, a scholar well-versed not only in Arabic and Persian but also in several European languages, stands as a figure of intellectual breadth and influence. Among the many physicians he mentored was the renowned Abbas Vasim Efendi (1689–1760), whose own contributions to the medical sciences would further illuminate the legacy of his teacher.

ʿAli Munshî, one of the eminent physicians of the 18th century, distinguished himself not only through his practical medical endeavours but also by authoring and translating numerous works. The abundance of manuscript copies of his writings preserved in various libraries attests to his esteemed reputation among Ottoman physicians, underscoring his enduring influence in the annals of medical scholarship. ʿAli Munshî played a pivotal role in the development of Turkish medical terminology through the works he authored and translated in the field of medicine. At the same time, he maintained an awareness of medical advancements in Europe, rendering several notable texts into Turkish. Not merely a distinguished scholar, he was also a poet of refined expression and diction. In his poetic compositions, he adopted the pen name "Münşî," reflecting his dual legacy as both a man of

science and letters[4].

ʿAli Munshî's Works

ʿAli Munshî, a scholar well-versed not only in Eastern languages but also in several European tongues, brought forth a significant corpus of medical knowledge through both original composition and translation. Among his contributions are fourteen works, one authored in Arabic and the remainder in Turkish, the majority of which delve into the field of pharmacology, reflecting his profound engagement with the intellectual currents of his time. The widespread dissemination of copies of his works is of profound significance, as it serves as a testament to his esteemed stature among physicians, reflecting the recognition and respect he commanded within the medical community of his era. A significant portion of the works of ʿAli Munshî, who closely followed European medicine, consists of translations from Western languages. His writings played a pivotal role in facilitating the dissemination of Western medical knowledge among Ottoman physicians[5]. Some of his works were composed in accordance with the classical medical

[4] For more information on the life of Ali Münşî, see: Bağdatlı İsmail Paşa, *İzahu'l-meknûn*, İstanbul 1972, I, p. 185; Salim, *Tezkire*, İstanbul 1314, p. 626, 627; A. Adıvar, *Osmanlı Türklerinde İlim,* İstanbul 1980, p. 165, 166, 189, 190; A. Terzioğlu, "Ali Münşi", *DİA*, II, 421-422; A. Kazancıgil, *Osmanlılarda Bilim ve Teknoloji,* p. 187, 191; V. B. Kurdoğlu, *Şair Tabibler,* İstanbul 1967, pp. 197-200; R. Bütün, "Bursalı Hekim Ali Münşi'nin Kınakına Risâlesinin Tanıtılması", *Kaynaklar,* 3 (1984), pp. 80-84; R. Şeşen, *Fihrisü Mahtûtâti'l-tıbbi'l-İslâmî,* İstanbul 1984, pp. 296- 299; F. N. Uzluk, "Bursalı Hekim Ali Münşi Efendi", *AÜ Dil ve Tarih Coğrafya Fakültesi Dergisi*, 8/3 (1950), pp. 329-337; F. N. Uzluk, *İpocacuanha Monografisi,* Ankara 1954; Ayşegül Demirhan, *Kısa Tıp Tarihi*, Bursa: 1982, p. 147; Cevat İzgi, *Osmanlı Medreselerinde Riyazî ve Tabiî İlimlerin Eğitimi*, İz Yayıncılık, İstanbul 1997, II, 96, 370 vd.; Ekmeleddin İhsanoğlu-Salim Aydüz. "Yenileşme Döneminde Osmanlı Bilim ve Egitimi", *Türkler,* (Ankara: Yeni Türkiye Yayınları, 2002), 881; Salim Ayduz, "Ali Münşi Bursevî", *YYOA*, İstanbul 1999, I/219-220; Şeyda Sertbaş-Esma Yıldırım, *Bursali Ali Münsi and the Transliteration of His "Tuhfe-i Aliyye" (Kinakina Risâlesi),* unpublished dissertation, Fatih Üniversitesi, Fen-Edebiyat Fak., Tarih Bl., supervisor: Salim Ayduz-E. Ceylan, 2002.

[5] Salim Ayduz, "On Sekizinci Yüzyıl Osmanlı Tıbbı: Doğu Tıbbından Batı Tıbbına Geçiş", *38. Uluslararası Tıp Tarihi Kongresi,* 1-6 Eylül 2002, İstanbul.

tradition, while others were penned within the framework of modern medical understanding. In those aligned with the classical tradition, he occasionally drew upon the ideas of Paracelsus, blending time-honoured principles with the evolving currents of thought that marked the transformative era of medical history[6] It is particularly noteworthy that he occasionally incorporates references to Paracelsus, reflecting a conscious engagement with diverse intellectual currents within the medical discourse of his time.

1. *"Bidâ'at al-Mubtadî" (Beginning of the New Starters)* is a pharmacopoeia that, arranged in alphabetical order, details the names, compositions, and methods of use for compound medicines. Of particular significance to the history of medicine is the work's discussion of the curative properties of mineral waters, offering an intriguing insight into the therapeutic practices and natural remedies of its era. The work was presented in the year 1144 AH (1731 CE) to the reigning Sultan of the era, Sultan Mahmud I[7]. The abundance of copies attests to its esteemed status among physicians, reflecting its widespread acceptance and enduring value within the medical community[8]. Among the fifteen extant manuscripts preserved within the libraries of Turkey, the oldest dates back to the year 1147 AH (1734 CE), bearing witness to the enduring legacy of this work through the passage of time.[9], The most recent manuscript, meticulously transcribed by Ahmed Hamdî al-Mar'ashî, was completed in the year 1247 AH (1831 CE), exemplifying the sustained scholarly engagement with the work across generations[10].
2. *The Jarrahnâme* is a work meticulously arranged in nine chapters,

[6] Edward Cockayne, "Theophrastus Phillipus Aureolus Bombastus von Hohenheim (Paracelsus) a short biography."*The British Journal of General Practice"* 52. 483 (2002): 876.

[7] Süleymaniye Library, Hacı Mahmud Efendi, no. 5517, f. 267.

[8] *Tahir, Bursalı Mehmed. "Osmanlı Müellifleri, I-III."Matbaa-i Âmire, İstanbul, 1333 (2000): 1342*, p. 228; Manfred Götz, *Türkische Hand-schriften,* Wiesbaden: Franz Steiner Verlag GmbH, 1979.

[9] Ragıp Paşa Library, nr. 3939.

[10] İstanbul Üniversity Library, TY, nr. 7124.

providing insights into anatomy while interspersing discussions on surgical techniques, abscesses, and aneurysms. Composed within the framework of the classical medical tradition, the treatise concludes with brief references to Paracelsus, reflecting an intellectual curiosity that bridges cultural and scientific boundaries. The work was authored in honour of Beşir Ağa, the Darüssaade Ağa, anchoring it within the historical and scholarly context of the Ottoman court[11]

3. *Kurâsat al-Kimyâ* is a translation of Michael Ettmüller's (d. 1683) renowned work *Chemia Experimentalis Atque Rationalis Curiosa* (Aussfeld, 1684), which explores the intricate principles of pharmaceuticals.[12]
4. *Tuhfe-i Aliyye,* also known as the Kınakına Risâlesi, is recognised as the first monograph written in Turkey on the Kınakına plant (Cinchonae S'uccirubra). The work delves into the properties of Kınakına, particularly its use in the treatment of malaria (humma). Structured in three chapters and a conclusion, the treatise was authored under the patronage of Grand vizier Hekimoğlu Ali Pasha, reflecting the intellectual and medicinal interests of the Ottoman elite during his time[13]

5. *The Altınotu Risâlesi (Cephaelis Ipecacuanha),* a treatise of considerable import, reflects upon the medicinal virtues of the Ipecacuanha plant, which journeyed from the verdant landscapes of

[11] Abdülkâdir Özcan, "Beşir Ağa, Moralı", *Türkiye Diyanet Vakfı İslâm Ansiklopedisi* (*DİA)*, V/555-6. The treatise, dedicated to Beşir Ağa (d. 1752), reflects his patronage and the era's intellectual culture. The author credits his mentor, Hekimbaşı Ömer Şifaî, whose guidance and encouragement inspired him to compose the work during his medical studies. See also: İstanbul Üniversity Library, TY, no. 4302, f. 292.

[12] It is a work closely associated with iatrochemistry, reflecting the intersection of medical science and the chemical arts in the pursuit of healing and therapeutic knowledge. Topkapı Sarayı Müzesi Library, Hazine, no. 547, f. 230.

[13] The treatise, dedicated to Ali Paşa (d. 1758), highlights 'Ali Münshī's medical insights and innovations. He claims to be the first to use cinchona as a syringe or poultice, showcasing advancements in Ottoman medical practice. M. Münir Aktepe, "Hekimoğlu Ali Paşa", *Türkiye Diyanet Vakfı İslâm Ansiklopedisi (DİA)*, XVII, pp. 166-168.

Brazil to the cultural and scientific circles of Europe, eventually making its nascent appearances in the Ottoman medical tradition. Particularly esteemed for its efficacy in the treatment of amoebic dysentery, this botanical marvel represents a convergence of natural history and therapeutic innovation, emblematic of the global exchange of knowledge in the early modern period[14].

6. *The Risâle-i Fawâid-i Narchil-i Bahrî* is a concise yet intriguing treatise dedicated to the marvels of the "nârchîl-i bahrî" (sea coconut), known among the inhabitants of Madagascar and the Kunuri Islands as "Taverkaze," and referred to by the French as "Coco-de-mer." Its Latin appellation, Lodoicea seychellarum, further anchors this remarkable botanical specimen within the annals of natural history. This work reflects a broader intellectual curiosity and engagement with the natural wonders of distant lands, emblematic of the Ottoman scholarly tradition's interaction with global knowledge systems[15].
7. *The Risâle-i Pâd-zehr* stands as a profound exploration of the perilous domain of poisons and their antidotes, offering a systematic discourse on various types of toxic afflictions and the remedies devised to counter them. This treatise exemplifies the enduring human endeavour to confront nature's most insidious threats, blending empirical observation with theoretical inquiry. It serves as a testament to the intellectual rigor of its era, wherein the safeguarding of life was both a practical necessity and a reflection of the broader philosophical commitment to harmony and balance in the natural

[14] Roy Porter, *The Greatest Benefit to Mankind, A Medical History of Humanity from Antiquity to the Present,* London 1997, p. 233. In 1733, ʿAli Münshī completed his work, dedicating it to Grand Vizier Hekimoğlu Ali Pasha, reflecting the Ottoman tradition of patronage in scholarship. He notes that while French physician Helvetius tested cinchona in the 1690s, it was already in use in Istanbul by 1686, highlighting Ottoman medical advancements. The work was published in 1954. See also: Millet Library, Ali Emiri, Tıp, nr. 278/3, f. 25b-39b.

[15] Millet Library, Ali Emiri, Tıp, no. 278/4, f. 39b-41b.

order[16].

8. *The Kitâb-ı Münsiht Tercümesi,* also known by the title *Akrabazin Tercümesi,* represents a significant cultural and intellectual bridge, being a translation of a pharmacological work originally composed by the German physician Adrian von Mynsicht of Braunschweig (active after 1631). This rendering into Ottoman Turkish not only preserved the insights of Mynsicht's treatise on medicinal preparations but also underscored the Ottoman engagement with European scientific advancements. It reflects the dynamic interplay of knowledge exchange, where the art of healing transcended linguistic and cultural boundaries in the pursuit of universal well-being[17].
9. *The Kimya-yı Hendesî,* also recognised under the title *Tercüme-i Atmoleryus fî al-Tib,* stands as a translation of the medical treatise authored by Mihail Atmoleryous. This work embodies the enduring tradition of cross-cultural intellectual transmission, wherein the sciences—particularly the art of medicine—were rendered into new linguistic and conceptual frameworks. It exemplifies the Ottoman commitment to assimilating and expanding upon the corpus of knowledge inherited from diverse traditions, thus contributing to the broader historical narrative of scientific inquiry as a shared human endeavour.[18].
10. *Al-Fawâ'id al-Jadîda wa al-Kawâ'id al-Shibbiyyat al-Sadîda*—translated as *The New Benefits and the Sound Principles of Medicine*—stands as a testament to the synthesis of traditional and emergent knowledge in medical chemistry. This work, deeply engaged with the innovations of its time, represents a notable convergence of classical medical thought and the burgeoning science of chemistry. A significant manuscript of this text, copied by al-Ḥājj Khalīl b. Abī Bakr

[16] Süleymaniye Library, Esad Efendi, no. 3763/7, f. 10.
[17] TSMK, Hazine, no. 548, f. 230; İstanbul Üniversity Library, TY, no. 7055, f. 277.
[18] İstanbul Üniversity Library, TY, no. 4133, f. 263.

al-ʿAyntābī in the year 1134 AH (1722 CE), resides within the esteemed collections of the Cerrahpaşa Medical History Library. Its presence there underscores the enduring legacy of Ottoman contributions to the annals of medical and scientific inquiry[19].

In addition to the aforementioned works of ʿAlī Münshī, there exist references to other treatises whose manuscripts remain elusive to modern scholarship. Among these are *the Risāle-i Cavdār* (Catalogue No. 286/2, Akşehir District Public Library, Konya), *the Arabic Risāle-i Sū* (Catalogue No. 286/1, Akşehir District Public Library, Konya), the *Risāle-i Aşeb-i Ça*, and the *Nikris Risālesi*. The partial documentation of these texts reflects both the richness of Ottoman intellectual production and the challenges of reconstructing its full corpus, a task requiring meticulous historiographical inquiry and the pursuit of yet-undiscovered manuscripts.

Tuhfe-i Aliyye (Kınakına Risâlesi)

The text examines cinchona's role in malaria treatment, its European introduction by Jesuits (1630–1640), and resistance from physicians, Galenists, and Protestants. Economic and intellectual conflicts highlight early modern tensions between empirical discoveries and established medical traditions.[20] ʿAli Münshī's treatise traces cinchona's journey to Istanbul, detailing its medicinal properties and malaria treatment. He highlights European resistance, but figures like Sydenham and Ramazzini advanced its acceptance, marking a shift in medical practice against malaria.[21]

The cinchona plant first entered formal medical use in England with its inclusion in the London Pharmacopoeia of 1677. Owing to the pioneering efforts of Thomas Sydenham and Bernardino Ramazzini, the eighteenth century witnessed the gradual adoption and dissemination of this remarkable

[19] Nr. 138, f. 310; İzgi, II, pp. 370-400.

[20] Roy Porter, *The Greatest Benefit to Mankind, A Medical History of Humanity from Antiquity to the Present, p*. 233.

[21] Roy Porter, *The Greatest Benefit*... pp. 229-230, 296.

remedy. Their contributions not only facilitated the plant's integration into European medical practice but also underscored the transformative impact of empirical innovation during a period of profound change in the history of medicine[22].

ʿAli Münshī's *Kınakına Risâlesi* introduced Ottoman physicians to cinchona, fostering its swift acceptance without resistance. His authority ensured trust in the remedy, which quickly gained prominence and was sold at high prices in Istanbul. However, misuse arose due to a lack of precise knowledge. To address this, Ottoman authorities commissioned ʿAli Münshī to compose a treatise detailing proper usage. This request underscores both the need for medical clarity and the recognition of Münshī's expertise, solidifying his role in shaping the adoption of cinchona within Ottoman medical practice.

Three known copies of Kınakına Risâlesi exist in libraries. The primary manuscript is in the Süleymaniye Library (Esad Efendi, no. 2483/1), measuring 30.5 × 11.6 cm, spanning folios 1b–16a, with 15 lines per page and occasional marginal notes. Another copy is housed in the Cerrahpaşa Department of Deontology and History of Medicine (no. 451/1). It features an illuminated title page, gold-leaf borders, and is written in taʿlīq script with 23 lines per page. This manuscript, though deteriorated, includes Kınakına Risâlesi (folios 1b–10b), followed seamlessly by another treatise on cinchona, also found in the Millet Library but as a separate work, beginning with *Bismillah*. This copy was transcribed by Ahmed Hamid in 1241 AH (August 1825 CE).

The third copy is in the Millet Library (Ali Emiri Tıp, no. 278/1), written in naskh script, with 23 lines per page on folios 1b–14a. Scribed by Eyüb Efendi on 1 Safar 1198 AH (26 December 1783 CE), it bears ownership marks from notable physicians, reflecting its medical significance. The modern

[22] Emine Atabek, *Tıp Tabip Olmayanlardan Neler Ögrendi,* İstanbul: İ.Ü Cerrahpaşa Tıp Fakültesi Tıp Fakültesi Yayınları, 1977, p. 18.

transcription methodology aimed for clarity, adjusting Arabic and Persian structures, converting dates, and modernizing spellings. European names and works were presented in Latin orthography. A glossary was added for medical terms, and the original manuscript was included for reference.

Intiha Mafhûmu'r-risâla

Having perused the aforementioned treatise and familiarised myself with the prescribed conditions, I found myself, prior to becoming acquainted with its contents, attending to some individuals who had previously abstained from using Kınakına. Among these, a woman, nearing the age of forty and possessing a delicate constitution, was afflicted with a recurrent condition of mild fever that would occur every day around noon, disappearing between the evening and morning. After she ceased using Kınakına, I administered four dirhams of Kınakına, giving one dose after evening and another in the morning. On the following day, she experienced a mild episode of fever again, so I increased the treatment to two doses of four dirhams each, one after evening and one in the morning. On that day, she did not experience the fever. However, the last dose did not yield the desired result and instead led to abdominal distension. The next morning, I administered a gentle laxative, which promptly relieved the distension. With this approach, the fever was eventually resolved without the need for any further medicine, and there was no recurrence of the illness.

Similarly, a person aged thirty-five, with a strong constitution and a bilious temperament, suffered from pure bile fever, which persisted for about a month. During the course of treatment, the individual reached a state where Kınakına was no longer effective, and stronger remedies were required. Subsequently, I administered another dose **[16b]** On the day following the resolution of the fever, I administered four dirhams of Kınakına in a single dose. The next day, which was not a feverish day, I proceeded to administer the prescribed laxative twice, once in the morning and once in the evening.

The fever subsided and did not recur. Thus, through this measured and methodical treatment, the patient was restored to health, and the illness was permanently vanquished, exemplifying the efficacy of the approach when properly executed.

In conclusion, from these various experiences, it is understood that the conditions outlined by Helvétius in his treatise are necessary for fevers that are difficult to treat, and indeed, every fever requires such an approach. However, the use of Kınakına in relation to the arteries, wherein it is combined with black soap and applied to the pulse points, has been recorded by some physicians as an effective means of dispelling the fever. It is said that through this application, Kınakına can indeed prevent the recurrence of fever. Additionally, the physician named Elentini, in his treatise, notes that although he has not personally tested this method, it is plausible that it could prove beneficial. Furthermore, the use of substances such as the arrows of the "Sihâmü'l-Kânun" and the essence of the "Nescü'l-Ankebut," derived from the body of the spider, which is discussed in the ancient texts, demonstrates the ongoing exploration of such remedies in classical medical literature. **Intikha**

It is likely that the esteemed physician has experimented with these remedies. As for myself, I confess that I have not had experience with these specific treatments, and therefore, I cannot speak to the precise manner in which Kınakına might be compared to the arrows of Sihâm and the essence of the Spider (Ankebut). The connection between Kınakına and these treatments remains unknown to me. And thus, this concludes what I have presented, with the help of Allah, the Most High[23].

The phrase "the connection of the representation is unknown" implies that the physician in question belongs to a later period. In the view of later practitioners, the effects of all medicines are understood to be certain and

[23] The Ali Emiri copy ends here. The Cerrahpaşa copy also ends here and only the prayer sentence is written as "wallahu a'lamu ve ahkamu".

directly observable. However, it is not established that the use of arrows and spider essence has such a specific, proven effect, just as it remains uncertain whether Kınakına, when applied in this way, would exert a similarly distinct influence".

English Translation of the Text.[24]

[1b] O Healer of maladies through the remedies of His beneficence, O Sufficer of afflictions through the cures of His wisdom, send blessings upon the Prophets, upon our Messenger, and upon his family and companions—the paragons of health and the exemplars of perfection. Deliver us from the burdens of error and the misconceptions of idle imaginings.

Emmâ ba'd: It is manifest and evident to the discerning minds that the splendid and renowned remedy known as Kuşûru'l-Hummâ and Kına Kına, which resounds with acclaim for its illustrious effects, is a matchless gift bestowed by the Creator of all powers and might—a peerless and radiant benefaction. While this esteemed substance, widely celebrated as a fountain of health in our age, shines as conspicuously as the sun at midday, it remains, in many respects, hidden and obscure within our lands, veiled and concealed among the people.

Thus, this benevolence of the Generous One, a healing grace for hearts afflicted, is a treasure of countless benefits. To illuminate its virtues, both ancient and recent methods of its use have been carefully drawn forth, like threads from a loom, to render its knowledge accessible and its blessings widespread **[2a]** In the crafting and inscription of this humble work—a record inscribed to stir the hearts—it is with utmost reverence dedicated to His Excellency, the august master of supreme decrees, the enlightened counsellor and wise arranger of the order of nations, the reformer of the affairs of the

[24] The Turkish transcription available at: https://www.academia.edu/42984368/Bursal%C4%B1_Ali_M%C3%BCn%C5%9F%C3%AE_ve_Tuhfe_i_Aliyye_K%C4%B1na_K%C4%B1na_Ris%C3%A2lesi_Adl%C4%B1_Eserinin_%C3%87evirisi

children of Adam, endowed with the most complete judgment, a true master of both the sword and the pen.

Couplet

The brilliance of his radiant insight glorifies the shining sun,

And echoes the mark of Zülfikâr, the fabled sword of Ali.

To the Vizier of Āsaf-like character, Jupiter-like sagacity, and Aristotelian virtue—he of renowned fame, Ali Paşa—this composition is humbly presented as an offering to his exalted stature and luminous wisdom[25] May God fulfill what He wills and decrees for His Eminence, whose lofty benevolence and Solomon-like majesty inspire reverence. This humble submission is presented with profound deference to the exalted presence and noble care of such a magnanimous patron. It is hoped that this work may become the manifestation of the potent elixir of influence, achieving renown and serving the benefit of both the young and the old. And may success, guidance, and truth be granted by God.

It is well known that this elegant treatise, which has been titled Tuhfe-i Aliyye, comprises an introduction, three chapters, and a concluding section, all thoughtfully arranged and carefully constructed:

Introduction: The emergence and widespread dissemination of Kına Kına.

Chapter One: Its essence and nature.

Chapter Two: The benefits and advantages it affords.

Chapter Three: The method of its usage.

Conclusion: An explanation of its application in specific contexts and practical usage.

Introduction: The emergence and dissemination of Kına Kına are herein expounded.

[2b]It is narrated that, upon the discovery of the New World, more commonly known as the Western Indies or the Americas, the inhabitants of

[25] Sadrazam Hekimoğlu Ali Paşa.

Spain seized several territories therein. Having firmly established their control over these lands, their practices and beliefs, at odds with those of the native peoples, led to the latter becoming increasingly disheartened and alienated. Just as the civilising policies of the Spanish concealed numerous secrets, so too did they obscure the use of Kına Kına, suppressing and hiding it for a long period. This suppression was likely with the hope that the Spanish settlers would not endure the overwhelming and severe effects of the local fevers, and would either perish or abandon these lands. It is told that, in the province of Peru, within the city of Lima, the wife of the Spanish commander, by the name of Singun, sent by the King of Spain, played a significant role in this narrative. Afflicted by the fever of the gibbe, its debilitating effects growing increasingly severe with each passing day, the condition had become so widespread and notorious among the people that it reached the town of Luksa. This town, located near the land of Kivita, where Kına Kına originates, was not only the site of its discovery but also the place where its leader had become acquainted with the healing properties of Kına Kına. Singun, the commander of Lima, upon receiving a letter, sent a portion of Kına Kına along with it. In his correspondence, he remarked: "The remedy sent for the fever is an unparalleled cure."

When the esteemed remedy of Kına Kına was administered, by the will of Almighty God, the fever was swiftly quelled, and its debilitating symptoms entirely disappeared. Through this means, the people of Spain and Rome, who resided in those lands, came to regard Kına Kına as a common and well-known remedy. After some time, the aforementioned Singun was dismissed from his post by the government of Lima and returned to Spain, where Kına Kına also became widely known[26].

During this period, certain members of the Jesuit order, who had been commissioned to travel to the New World to propagate the teachings of Christ, returned to Rome. Upon their return, they composed treatises on Kına Kına,

[26] Yesuiyye: Türkiyede "cizvitler" adı ile bilinen tarikat.

thus spreading knowledge of this remarkable remedy throughout their circles, further contributing to its dissemination. **[4a]** Subsequently, many, both wise and ignorant alike, endeavoured to diminish the fame of Kına Kına, seeking in various ways to obscure its renown.

For example, the ignorant faction of the Ispeçiyar—having observed that Kına Kına was a definitive cure for the fever—became envious of its growing fame. In their misguided arrogance, they sought to discredit Kına Kına, claiming that it was no remedy for the fever that afflicted them, thereby attempting to tarnish its reputation and suppress its widespread renown They had thus sought to undermine it. Likewise, certain physicians, by way of misguided allegiance, followed their lead, particularly among the followers of Pelmepyus (or Pelpemius), whose influence contributed to this disparagement [27] The esteemed rank has long harboured enmity, so much so that the sophistries raised against Kina-Kina's use gained renown, consigning its employment to gradual oblivion for many years. This state persisted until, in the year 1070 of the Hijra from the Prophet's blessed migration, circumstances shifted[28] In the year 1070 of the Hijri calendar (corresponding to 1659-1660 in the Gregorian reckoning), the figure of Stormius (or Istirmiyus, as rendered in the local tongue) emerges, embodying a pivotal moment in the unfolding tapestry of history. His presence, laden with the symbolic weight of his era, invites reflection upon the interplay of human agency and the inexorable currents of historical necessity[29] A physician of repute authored a treatise, wherein he demonstrated, through the methods of medical reasoning, both the benefits of Kina-Kina and its lack of harm. Thus, in the year 1074 of the Hijri calendar (1663-1664 in the Gregorian reckoning), a similar discourse emerged in Padua, further illuminating the intricate relationship between empirical inquiry and the gradual rehabilitation of remedies once cast into doubt by

[27] Plembius.
[28] Metinde 1170 (1756-7) tarihi yazmakta ancak bu müstensih hatasıdır.
[29] Stormius.

prevailing dogmas[30] A distinguished physician, through the composition of a scholarly work, undertook to refute the sophistries of the aforementioned Pelpemyus. Thus was Kina-Kina restored to esteem and gradually regained prominence. The evidence presented by the parties in question was expansive yet devoid of necessity, and in this discourse, such exhaustive elaboration has been deliberately set aside. In truth, the efficacy of Kina-Kina, substantiated by sound experimentation and incontrovertible evidence, stands in stark contrast to the baseless objections and speculative debates that sought to undermine it. These debates, woven with excessive verbosity, require no further explication here.

Subsequently, during the reign of the monarch known as the "Great King" of France, his son fell victim to quartan fever. When the royal physicians despaired of finding a remedy, they turned to an English physician by the name of Talpocius, ushering in a new chapter in the saga of Kina-Kina's vindication through necessity and pragmatism[31] With Kina-Kina, the aforementioned king's ailment was treated successfully, prompting him to bestow a generous reward upon the one who had imparted knowledge of this remedy. He subsequently commissioned a treatise on Kina-Kina, authored by the physician known as Bileni. Beyond this, in the year 1091 of the Hijri calendar, further developments unfolded, marking yet another chapter in the intricate interplay of medicine, power, and the flow of historical fortune [32] In the year 1091 of the Hijri calendar (1680 in the Gregorian reckoning), yet another treatise was composed in Paris. This work, arising from the intellectual currents of its time, stands as a testament to the city's role as a crucible of knowledge, where the threads of scientific inquiry and philosophical reflection were interwoven in the service of progress.

During this time, in the Italian city of Ferrara, a book was compiled from a collection of treatises concerning Kina-Kina. This work was given a title

[30] S. Badus.
[31] Talbotius.
[32]Metinde 1191 yazılmış ancak bu tarih 1091 olmalıdır.

bearing the meaning of The Conquest of Fevers. Through this effort, Kina-Kina gained prominence across France, Italy, and other regions of the Frankish lands.

Subsequently, as the aforementioned ailments and conditions made their way via merchants and travelers into the eloquent and illustrious Islamic cities, Kina-Kina too found renown in the exalted imperial capital of Constantinople. From there, its fame spread across the vast domains of the Ottoman Empire, becoming widespread and well-established in our present age. Thus, Kina-Kina's journey reflects the intricate pathways of knowledge, trade, and necessity that traverse the interconnected fabric of human civilization.

Chapter One: On the Nature of Kina-Kina and the Distinction Between Truth and Falsehood Regarding Its Essence

It should be known that the name Kina-Kina is derived from the language of the Americas. Its literal meaning and the reason for its naming remain obscure. Some have conjectured that it may have been taken from the word Kivita, denoting its place of origin; however, it is reported that in the language of the Americas, the term “Kina” is uttered repeatedly without variation.

In the Frankish tongue, kina bears a resemblance to the name of China, and thus the substance has come to be associated with the term Chûb-i Chînî, or "Chinese Wood." This linguistic and cultural intersection offers a glimpse into the manner by which names and meanings traverse borders, adapting and transforming as they are carried across the ever-shifting currents of human exchange[33] The substance known as kına was originally referred to as Çûb-ı Çînî, denoting its meaning and association. Subsequently, in conversational use, through the ellipsis of the construct state, the name became widely known simply as kına. When this remedy emerged, to distinguish it from Çûb-ı Çînî, they began to reiterate the term, referring to it as Kına Kına. Similarly, Kına

[33] Radixchimac.

Kına acquired various appellations such as kûşûru'l-hummâ, kûşûru'l-Perûviyane, sufûf-ı Amerikaî, sufûf-ı Perûviyâne, and sufûf-ı Hindî, among others. These names were adaptations drawn from the languages of the New World.

The term sufûf, referring to powdered preparations, was predominantly employed as such, and its notable efficacy in treating hummâ-yı rub'a (intermittent fever) brought it great renown. It thus earned the appellation dâfi'u'rub' (repeller of fever). Derived from the term Çintiyana and sharing a bitterness of taste, it was also named Çintiyan-ı Hindî. In its early spread, being attributed to formulations by Roman nuns, the English came to refer to it as sufûfû'r-ruhbân (the powders of the clergy).

This historical evolution of its nomenclature reflects the cross-cultural interactions and linguistic adaptations that mark its journey across time and place. In the lands of France, owing to the reputation granted by an English physician, this remedy came to be referred to as the "English medicine." However, as brevity in nomenclature is often sought in Islamic tongues, and because changing a name unnecessarily is deemed superfluous, it was decided to retain its original appellation, kına. Yet, to prevent confusion with the term commonly used among the populace for hınnâ (henna), the name Kına Kına was adopted.

It should be noted that this remedy, mentioned under numerous names, is derived from the bark of a tree called Cinchona (Kananaperis in some records). This tree, native to the region of Peru, specifically the province of Quívita, bears a resemblance to the cherry tree and is of moderate height, with its branches extending horizontally rather than vertically. While it does not strive toward great height, its leaves resemble those of the plum tree, and its blossoms bear a likeness to the pomegranate flower. However, the colour of these flowers varies, being white in some cases and blue in others.

This historical and botanical account illustrates not only the medicinal properties but also the cultural and linguistic adaptations that shaped the

identity and perception of this substance across different civilizations,[34] Its crimson variety is also reported, though it bears no fruit. Some claim that its flower contains, within its centre, a flat and white seed about the size of an almond. Others refer to this tree as the Shajarat al-Hayat—the "Tree of Life." It is worth noting that Kına Kına, when grown at the base of mountains, absorbs abundant moisture from the earth, resulting in bark that is notably thick, coarse, and dense, with a whitish exterior.

Conversely, Kına Kına found at the mountain summits is finer in texture and lacks such density; rather, it appears wrinkled and leans towards a darker hue on its exterior. The inner colour, however, is more vibrant than what is visible from the outside. As for Kına Kına from mid-mountain regions, it is darker still and marked by fissures along its surface.

While all three varieties—lowland, midland, and highland—share a characteristic bitterness, the bark of Kına Kına grown at the base of mountains is the least bitter of the three. This variability, influenced by altitude and environment, illustrates the intricate interplay of nature's conditions in shaping the properties of this storied and life-giving tree, whose significance extends across cultures and ages. There exists yet another variety of Kına Kına, found in the mountainous regions of the Putuzi region within the province of Peru. This particular type is distinguished by its heightened aromatic quality, medicinal potency, pronounced bitterness, and darker hue, surpassing all other kinds in these attributes.

It should be further noted that the variety of Kına Kına famed for its excellence is known as Darçiniyyu'l-Levn, so called due to its resemblance in thickness and coarseness to rough cinnamon. Yet, in truth, this acclaimed Kına Kına is not of this type. The reason lies in its origin at the mountain bases, where it absorbs an excess—indeed, an unusual abundance—of moisture from the earth, resulting in properties less refined than its reputation might suggest.

[34] Buradan itibaren 6a'ya kadar olan kısım Esad Efendi nüshasında yazılmadığından dolayı bu kısmı Ali Emiri nüshasından tamamlanmıştır.

The finest Kına Kına is, in fact, the variety that leans towards a darker exterior, marked by fissures upon its surface. This variety, originating from mid-mountain regions, benefits from a balanced absorption of nutrients, achieving an ideal composition. It is believed that this form, possessing a resemblance to Darçiniyyu'l-Levn, embodies the true excellence of Kına Kına, shaped as much by nature's equilibrium as by the geography of its birth[35] The Kına Kına whose reputation for excellence has been clouded by uncertainty also exhibits a tendency towards a darker hue. This type, processed alongside the bitter substance sabr and infused with the essence of kıntâriyyûn, was subsequently hollowed out and refined.

Such historical practices in its preparation reflect both the ingenuity and imperfections of early methods, as well as the evolving pursuit of purity and efficacy in medicinal traditions. This interplay of natural qualities and human intervention underlines the complexities of identifying and preserving the true virtues of Kına Kına.

In summary, the most esteemed variety of Kına Kına inclines towards a darker hue, marked sporadically by small spots upon its surface. Its texture is fine and its essence crystalline, rendering it brittle and easily crushed. When subjected to a firm strike, it breaks apart cleanly, scattering its fragments effortlessly. Its taste is intensely bitter, yet neither harsh nor unpleasant, and it carries a faint medicinal fragrance accompanied by a subtle, musty aroma. The physician known as Murtun observed that this slight mustiness suffices as an indicator of Kına Kına's quality.

Conversely, the Kına Kına that appears blackish, with a viscous essence and resistance to being crushed, lacks the desirable bitterness and medicinal potency. Even when bitterness is present, it is repugnant and causes discomfort upon the palate. Such Kına Kına cannot be regarded as of good quality, for it fails to embody the virtues that define its finest form. Thus, discernment in its selection has long been pivotal to its effective use, ensuring

[35] Tarçın: Cinnamum Selanieum.

its enduring value in the annals of medicinal practice. It is likely adulterated, infused with bitterness through the addition of processed sabir and boiled Kantâriyyûn. However, in our present era, both in our own lands and in the territories of Europe, the finest quality Kına Kına is scarcely found.

Thus, whereas at the time of its initial emergence, a single miskal or at most two dirhems of Kına Kına sufficed for treating cyclical fevers, in our age, the dosage has increased to eight dirhems, and occasionally as much as sixteen. Rarely, even higher quantities are deemed necessary. This shift reflects the scarcity and diminishing quality of Kına Kına, a poignant testament to the evolving challenges in preserving the integrity of this once-abundant remedy amidst the passage of time and the spread of its fame.

Chapter Two: On the Benefits of Kına Kına

It is known that Kına Kına exhibits two principal qualities: one is its bitterness, and the other its medicinal potency. The bitterness arises from the imbalance in the composition of its essential elements, which are inherently of an acrid nature. This disparity stimulates the delicate sensory fibers, distributed across the tongue's surface, to engage in a dynamic interplay of opposing attractions.

Through this distinctive quality, Kına Kına sometimes functions akin to other bitter remedies, such as sabir, acting as a mild laxative. Yet, in rare instances, its effect intensifies, yielding properties similar to those found in opiate-like medicines.

This duality in its nature reveals the depth of its medicinal potential, as it operates at the intersection of natural bitterness and therapeutic efficacy. It underscores the unique versatility of Kına Kına, making it an enduring object of study in the annals of medicinal practice and natural philosophy[36] It must be noted that Kına Kına may sometimes require combination with other substances for its effects to be moderated or completed. If its observed ability to destroy and expel harmful humours has been confirmed through sound

[36] Afyon: Opium, Somniferum.

experimentation, there is no doubt that this quality arises from its intrinsic bitterness, akin to remedies such as Horâsânî and Efsentin. However, the medicinal potency of Kına Kına is attributed to the abundance of volatile, oily salts within its essence.

This characteristic has been observed directly, leading to the conclusion that Kına Kına possesses a naturally warm and dry temperament. By comparing its specific qualities to analogous substances, its heat and dryness are judged to reside at the second degree, leaning towards the median. These properties render Kına Kına an agent of refinement, dissolution, and purification, capable of preserving bodily substances from decay and corruption.

Like other potent remedies, it fortifies the stomach and the internal organs, imparting strength and resilience. Moreover, it preserves the animal and vital spirits, aiding the natural warmth inherent in the body. As a result of these combined qualities, Kına Kına proves highly effective in repelling all forms of intermittent fevers, standing as a testament to its unparalleled utility in medicine[37].

The power of Kına Kına to dispel the aforementioned fevers, whether they be continuous like gıbb-i lâzim or intermittent like hummâ-i muvâzibe, gıbbî, and rub‘, is truly a divine gift. It extends alike to simple and compound fevers, as well as to benign or malignant forms, rendering it unparalleled in the estimation of discerning minds and unheard of in the records of human knowledge. Some, however, have speculated that the warmth inherent in Kına Kına makes it unsuitable for purely bilious fevers, such as gıbbî hâlis or shatre’l-gıbbî. Yet, they fail to consider that such conclusions cannot be drawn from unexamined assumptions. In truth, the ability of Kına Kına to alleviate hummâ-i gıbbî and shatre’l-gıbbî is widely attested, being both observed in practice and recorded extensively in the writings of experienced physicians.

[37] Hummâ-yı nâibe: hergün tutan sıtma, humma.

However, caution must be exercised. If Kına Kına is administered prematurely, such as before the onset of the third or perhaps fourth fever paroxysm, the fever may recur, for it coincides with the peak maturation of the febrile matter. While Kına Kına can temporarily inhibit the progression of fever, it may not entirely dissolve and eradicate the offending substance in its early stages. Nevertheless, even in the case of persistent fevers like gıbb-i lâzim, Kına Kına has proven itself a most reliable and effective remedy, standing as a testament to its enduring merit in the therapeutic arts.

I, the humble and often afflicted, have on numerous occasions personally experienced and tested the efficacy of Kına Kına, and have found it to be reliable even in cases where these fevers are of a counteracting nature. As is well recorded by Valentini and others in the annals of medical practice, Kına Kına consistently proves itself effective, irrespective of the complexity of the fever's origin or nature[38] In the treatises on Kına Kına, it is recorded that in the year 1693 (1104-5), in the city of Gisa, there was a significant outbreak of counteracting fevers. This was due to an unusually harsh winter that year, during which heavy rains fell, and the cold persisted well into the late winter. Subsequently, at the beginning of spring, the temperature abruptly rose and remained warm through the summer months. These atmospheric changes, according to Hippocratic doctrine, contributed to the emergence of these fevers of a counteracting nature.

By the time July arrived, an abundance of such fevers, including both continuous and intermittent forms, manifested in the region. Among these, some of the gıbb-i lâzim fevers were alleviated by Kına Kına, while others, despite my efforts, proved unresponsive to its treatment. Yet, despite the challenges posed by the severity and variety of the fevers, Kına Kına did not fail to offer its benefits, further solidifying its place in the therapeutic practices of the time. Thus, my experience, though incomplete, corroborates the

[38] Valentini (1657-1729).

established efficacy of this remedy in the face of even the most challenging feverish afflictions.

Likewise, Kına Kına is unparalleled in its ability to dispel hummâ-i rub‘, exhibiting qualities of both uniqueness and timelessness in its efficacy. I, the humble and often unable, have had the opportunity to repeatedly test Kına Kına in the treatment of both long-standing and newly emerging forms of such fevers.

For instance, a person from the Armenian community, possessing a robust constitution at the age of forty-five, was afflicted with a rub‘ of the nine-day variety, as described in Ibn Sīnā’s Canon. The interval between the first and second paroxysms spanned seven days. The second paroxysm occurred on the ninth day, after which the fever continued for the full nine-day cycle. Thus, if the first attack occurred on a Sunday, the second would follow the subsequent Sunday, and the third would come on the Tuesday of the third week.

Through sustained and meticulous treatment over the course of six years, a significant improvement in his condition was achieved. His body, once weak and stricken by the fever's toll, regained strength, and his appetite, which had previously faltered, eventually returned. However, despite this gradual recovery, the individual remained weakened and frail, marking a profound but incomplete restoration.

Bin yüz otuz üç (1133/1720-1) evâhirinde idi ki Fakîr sıla-i rahîm için Bursa`ya varmış idim[39]. They presented this ailment. I, the humble one, in between the paroxysms, administered one dirhem of sināmek and half a dirhem of milh al-tartar with thirty-two dirhems of mā-i Hindī, along with twelve hours of rest, as prescribed. Some days, I performed the treatment once, and other days, I refrained. After continuing this regimen for ten days, I then proceeded to mix one dirhem of Kına Kına with two carats of iron arsenic

[39] Ali Münşi’nin ailesinin aslen Bursa’da olduğunu göstermesi açısından bu cümle mühimdir.

(zehr al-nishādīru'l-hadīdi) and a few drops of the spirit of nishāduru'l-ḥalū, preparing it with mā-i shawq al-mubāraka. This mixture was administered every eight hours, once per interval.

When the next paroxysm arrived, the fever did not return. Following the prescribed course, I continued administering Kına Kına for another week. Then, for an additional week, I provided it in the mornings, following the prescribed method of preparing it two hours before the evening meal. Afterward, I gave a purgative and followed with treatments involving ḥadīdyya remedies, focusing on the purification of the humors. By the will of Allah, both the fever and the purulent matter were entirely eradicated.

In the year 1137 (1725), during the crescent moon, a man of slight constitution, approximately thirty-five years of age, arrived in the imperial capital from Kastamonu to engage in trade. He presented himself before me and disclosed his condition, stating, "For two years, I have suffered from a complete loss of appetite, indigestion, and profound weakness, with a recurring fever once a week, which greatly disturbs my state of health." I, the humble one, after administering Kına Kına paste, which is commonly used for the stomach, for several weeks, refrained from further intervention, but I made it my duty to investigate the cause of his condition. Upon deeper inquiry, I discovered that his ailment stemmed from a rub' of the variety known to affect the digestive system. However, as the paroxysms were irregular, I provided a purgative and then resumed treatment with Kına Kına as previously described. By the will of Allah, his affliction was completely alleviated.

Likewise, in cases of intermittent fevers that appear at certain intervals, or where the fever is consistently present but intensifies at specific times, Kına Kına has proven to be a powerful remedy. Such knowledge has been recorded by those experienced in the art and is documented in their writings.

In the course of personal experience, there are certain accounts worth noting in this context, particularly one from the year 1137 (1724-5), during the middle of which a person of noble status reported that a servant of his, the

mother of a child, would suffer from a recurring affliction on her right side every day at midday. This condition would persist until the time between the afternoon prayers, after which it would subside. Furthermore, intermittent symptoms of a febrile nature were observed in her temperament, confirming the presence of a humma related condition[40] After consulting with a renowned physician, four dirhems of Kına Kına were mixed with one dirhem of tartar and an adequate quantity of mâ-i'l-kuzah for purification and refinement. Half of this mixture was administered after the cessation of the fever, and the remaining half was given in the early morning hours, with the regimen maintained for ten days. By the grace of the Almighty, on the seventh day, the fever did not return.

Furthermore, it is well known that for any illness involving a humma, Kına Kına holds significant therapeutic benefits. Murtun and other scholars of similar standing have documented this. The effectiveness of Kına Kına in such cases was also confirmed by the English physicians, particularly in the works of the famous Sidenham, who, through careful study and practice, established its efficacy over time[41] The renowned physician himself has also acknowledged this.

It is indeed one of the most remarkable occurrences. In the year 1141 (1728-9), a young man, twenty-five years of age, was afflicted with the malady of the "shatrul-gibbe." This condition persisted for a considerable period, eventually leading to a transition to a state of ill-health characterized by the "sû-i'l-ganiyye." This affliction manifested notably on his face and forehead, as well as in his feet, where a well-known form of swelling appeared. A physician, adhering to the prescribed methods of treatment for the condition, applied the usual remedies in accordance with established medical practice. The results were observed with favorable outcomes, as the swelling gradually subsided, reaching the stage where the affliction was entirely eradicated.

[40] Fomseca.
[41] İngiliz doktor Thomas Sydenham (1624-89).

Yet, one day, due to a sudden alteration in the body's internal balance, a grievous form of tuberculosis manifested in his chest. The aforementioned physician, having conducted an analysis, found himself despondent, for no remedy seemed effective, and the only solution appeared to lie in a surgical procedure. The need for a skilled surgeon became evident, leading the physician to relinquish further efforts. It was then suggested by another individual that the root cause of the illness was, in fact, a fever (hummâ), which, when treated with Kına Kına, would be alleviated. This particular remedy was brought to my attention, and I was consulted regarding the matter. In order to adhere strictly to the principles of established medical practice and to avoid deviation from the prescribed methods, I recommended the application of the customary approach, incorporating Kına Kına as part of the treatment in the manner previously noted. In due course, he began the prescribed course of treatment, taking one dirhem of Kına Kına four or five times daily. On the second day, he experienced a sharp headache and severe exhaustion, followed by a considerable fever, which persisted for three to four hours. This condition continued for three days in the manner previously outlined. However, the fever did not occur at the expected time, and after this irregularity, the symptoms gradually subsided. Within two weeks, the tuberculosis in question, along with the other associated ailments, completely vanished, and the individual returned to full health.

Chapter Three: On the Method of Using Kına Kına.

It is known that some physicians maintain that before the use of Kına Kına, there is no need for purgation, asserting that Kına Kına acts by analyzing the humours and purging them directly, thereby rendering the preliminary cleansing unnecessary. As stated in the Kına Kına treatise published in 1091 (1680) in France, it is written: "The inhabitants of Peru employ Kına Kına and observe its beneficial effects. However, they do not use purgatives or binding agents in conjunction, for they find no need for such measures. But in our lands and in the lands of France, it is customary to employ Kına Kına alongside

preparatory purgation, either with purging agents or constricting substances, for the purpose of diminishing the material before application.

After this, it is well known that the principles of good practice dictate that when a single remedy is sufficient, the compounding of medicines should not be pursued, unless there are several ailments to be addressed, or if the treatment itself requires additional means to mitigate bitterness or unpleasantness. Now, Kına Kına has its previously mentioned benefits, as it is an effective remedy in itself. The preferred method is to apply it in its pure form, after which it may be adjusted according to the proper proportions and combined with suitable liquids. However, if the patient finds it intolerable due to previous usage, a mixture with sweet substances may be prepared. Indeed, as observed by Sidenham, some have combined it with rose water or even with wine made from dogwood. If, despite these mixtures, the patient continues to reject it, a potent infusion may be made, wrapped in gold leaf. If the ailment requires further consideration, medicinal agents such as those used for soothing or tartaric preparations should be mixed in small amounts accordingly.

Some assert that "the current quality of Kına Kına is no longer as good as it once was," and therefore, they recommend the addition of one dirhem of çintiyânâ to every four dirhems of Kına Kına. They argue that çintiyânâ serves as a sufficient substitute for high-quality Kına Kına and also helps to improve the lesser qualities. Occasionally, depending on the objectives and purposes, the Kına Kına may be processed and purified for use. Its preparation is as follows: twenty-four dirhems of Kına Kına are mixed with one hundred dirhems of mâul-kurah* (a type of liquid) until half of it has dissipated; this mixture is then boiled, and after it has been purified, two or three dirhems are added each time, again mixed with one hundred dirhems of *mâul-kurah, until half remains, at which point it is again boiled and purified. The aim is to remove the bitterness of the taste, after which the purified substances are mixed with a sweetening agent, such as a wine made from cloves, to enhance the

sweetness of the mixture[42] The quantity of usage, when it reaches thirty-two dirhems or forty dirhems, may be further processed as described: the purified Kına Kına is boiled in the warm waters of the hamâm-i mâriye (a type of medicinal bath), and once reduced to a concentrated form, its use may then be considered effective. The amount of usage varies, sometimes ranging from a third of a dirhem to a third of three dirhems. However, there exists a divergence of opinion regarding the efficacy of Kına Kına based on its application. Most physicians agree that Kına Kına has lost its effect and is no longer as potent as it once was, with many claiming it to be ineffective in the present day.

The humble author, having subjected himself to the experiment on two or three occasions, does admit that some benefit was observed, although the investigation of the experiment was not conducted in its entirety. It is well known that, in the early stages of its emergence, Kına Kına was used as a remedy for fevers, in the same manner that medicines were employed for the treatment of various febrile conditions. It was later observed that, when employed at present, Kına Kına does not always prove effective in completely halting the fever; indeed, even when it does, the fever often relapses. Additionally, it has been noted that, on occasion, it gives rise to symptoms of dizziness and anxiety, and these negative effects can even become so severe that they lead to grave consequences, as has been reported. For it is well established that, during an episode of fever, the body's natural faculties are stirred to a state of agitation, which in turn, with the application of the fever-producing agent, exacerbates and disrupts the body's balance in a manner that hinders the restoration of health. Kına Kına, however, has the effect of quelling this agitation. Thus, its use prevents the natural processes of the body from being disrupted, allowing the organism's equilibrium to be maintained and averting the potential harm caused by the imbalance in the body's systems. For

[42] Karanfil: Coryophyllus Aromaticus

instance, when it is used to alleviate disturbances in the nervous system, it may prevent further complications, such as the onset of more severe afflictions.

In my humble experience, I have observed this matter in the case of Kına Kına. However, it was in the year 1120 (1708), in Bursa, when a patient afflicted with fever was administered a single dirhem of Kına Kına, that a most peculiar occurrence transpired. The patient immediately fell into a state of confusion and faintness, with a sense of coldness spreading across their body and a sensation of heaviness surrounding them. Indeed, in the early days of my inquiry, I was struck with fear and, in that state of trepidation, I did not dare to proceed with the treatment. The condition of the afflicted individual deteriorated rapidly, and ultimately, they succumbed to the ailment and perished.

In conclusion, the use of Kına Kına requires careful application, particularly between the intervals of fever. For it must serve to prevent the onset of agitation and, by calming the fever-inducing substance, ensure the safe dissolution and dilution of the harmful elements present in the body. It is to be noted, for example, that after the fever has been subdued, a prescribed dose of Kına Kına—either a third of a dirhem or one full dirhem mixed with two carats of salt or a mild infusion of poison—has proven to be a remedy. Thus, the efficacy of Kına Kına, while promising, demands both precaution and precision in its use to avoid unintended harm. A carat of Kına Kına is to be taken, either dissolved in syrup or mixed with rosewater or a sweetened concoction, and administered in the manner of a therapeutic elixir. Subsequently, the dose is repeated at regular intervals, every four or six hours, as per the prescribed regimen. When the time for the next feverish episode approaches—two hours prior to the expected onset—its use is discontinued, only to be resumed once the fever has fully abated. It is a rare occurrence that the fever persists after the dose is taken, and should it do so, the administration of Kına Kına continues in accordance with the prescribed schedule. In cases where the application of a single dirhem of Kına Kına is found to cause

discomfort or aversion, the dose may be reduced to half a dirhem, to be taken every two hours. It is likewise possible to adjust the treatment to a more frequent interval, administering a full dose every hour, if necessary, so as to mitigate the discomfort and restore balance. Thus, the regulation of Kına Kına's use is bound to the fluctuating nature of the body's humours, and its application demands careful oversight to ensure its efficacy and avoid undue distress. Some have prescribed the use of eight dirhems of Kına Kına, combined with one dirhem of salt of the earth, and half a dirhem of poison of the stomach, to be taken in conjunction with two hundred or three hundred dirhems of an elixir such as the blessed water of strength or similar preparations. These ingredients are then blended into a paste or mixture, often with the aid of a potent syrup or medicinal potion. The resulting concoction is to be consumed at various intervals between the periods of fever, in accordance with the established regimen, where it is instructed to be used regularly, as directed. The meticulous formulation of such a remedy, steeped in the careful balance of ingredients, reveals the prevailing belief in the necessity of harmonizing the humours through precise, calculated intervals of treatment. Thus, the administration of Kına Kına in these prescribed quantities signifies the careful art of balancing the body's natural forces, particularly in times of crisis, so as to restore equilibrium and well-being.

It is to be understood, following the previous account, that once the fever has subsided and the crisis has passed, it is deemed appropriate to continue the administration of Kına Kına for several more days, at a rate of twice daily. There are two significant benefits to this course of action:

Firstly, should any remnants of the fever-inducing substance remain within the body, Kına Kına serves to dissolve and neutralise them, thus ensuring that any risk of relapse is mitigated. Secondly, the weakness in the stomachs of those who have been afflicted by fever necessitates the strengthening of the digestive faculties. Kına Kına, being of the nature of digestive remedies, provides the essential support to the stomach, improving

its function and restoring balance by correcting the moisture levels within the digestive tract. Through its application, the individual is afforded both relief from lingering fever symptoms and a restoration of strength to the vital organ of digestion. Thus, the use of Kına Kına extends beyond the immediate effects of fever and becomes a means of nurturing and fortifying the body's essential processes, ensuring the recovery of health in both body and spirit.

Closing: Henna is in the declaration of Henna's use of ihtikânen and checker(r).

However, Helvétius has specifically addressed the internal use of Kına Kına, recognising its significance within the broader framework of medicinal practice [43] A certain physician, after due observation and experimentation, composed a treatise, which he subsequently presented to the French King, widely known as "The Great King." The substance and results of his treatise were as follows: in the use of Kına Kına, there exists a certain difficulty in addressing the majority of afflictions, particularly those concerning fevers and inflammations. It is particularly so for those afflicted with severe conditions, where the fever and swelling prevail. Therefore, I have contemplated a method of administration for Kına Kına that would alleviate this difficulty. This method is as follows: eight dirhems of Kına Kına, once purified, should be taken and mixed with an appropriate amount of warm, mildly heated water. This preparation is to be used at prescribed intervals, with three doses per day, except during the intervals of the fever's peak. This regimen is to continue until the fever is completely subdued. Thus, through this method, the previously troublesome difficulty in administering Kına Kına may be overcome, ensuring its effectiveness in the treatment of fevers.

It is a rare occurrence that the fever relapses on the second day, and even rarer still for it to occur twice. There has never been an instance where the fever has taken hold three times. In such cases, there is no deficiency in the quantity of Kına Kına used. Whether the dose is eight dirhems or a lesser

[43] Helvetius.

amount, the key is the repetition of the treatment. For if one dose proves ineffective, the subsequent dose may prove beneficial. Following the cessation of the fever, it is necessary to continue the regimen for six days, administering the dose twice daily, once in the morning and once in the evening. After these six days, it is required to reduce the frequency, administering the same remedy once in the morning each day for an additional six days. Such a course ensures the complete restoration of balance within the body, securing the suppression of the fever and its associated ailments. The precise and methodical administration of Kına Kına, as laid out in this manner, is essential for achieving the desired therapeutic effect.

[15a] Among the necessary varieties of treatment, it is well known that following the resolution of the fever, or in the absence of a proper feverish episode, the focus shifts to regulating the body's heat and tranquillity. In this case, four dirhems of Kına Kına, once purified, should be employed in the prescribed manner. This formulation is to be administered four times daily during these fevers. Furthermore, even after the fever has subsided and the symptoms have abated, it remains essential to continue with the regimen for a further twelve days, following the method previously outlined. This sustained application is required to ensure that the body's equilibrium is fully restored and that the patient is protected from any resurgence of the fever or its related afflictions. Thus, the administration of Kına Kına, as prescribed, extends not only through the acute phase of illness but also into the convalescent period, marking a thorough approach to the restoration of health

It is well understood that in the case of necessary and non-essential fevers, it is imperative to regulate the duration of these treatments for as long as possible. Should it be impossible to maintain the treatment for the prescribed time, four dirhems of poppy wine should be incorporated into the regimen, especially in cases where the patient suffers from persistent intestinal distress. The addition of poppy wine is necessary to aid in alleviating these symptoms. However, in individuals who exhibit extreme weakness and

persistence of symptoms, there is no room for doubt or hesitation in this approach. Furthermore, it is acknowledged that the use of Kına Kına in this manner is suitable for all temperaments and ages, even extending to pregnant women, as it provides an adaptable remedy across various constitutions and conditions. Thus, the versatility and efficacy of Kına Kına in treating a range of afflictions is evident, revealing its place as a universal therapeutic agent within the broader framework of medical practice.

[15b] However, with regard to age, the quantity of Kına Kına must be adjusted, either increased or decreased accordingly. For example, by the age of four, two dirhems suffice; from four to ten years, three dirhems are required; from ten to fifteen, four dirhems; from fifteen to twenty, six dirhems; and from twenty to sixty years, eight dirhems are necessary. It is well known that no affliction arises from the effects of fever when Kına Kına is used in this manner. However, there may be instances where, despite the treatment, the remedy fails to yield the desired outcome, and instead, the patient may experience distension of the abdomen, a condition that can arise as a result of improper application. The remedy for this is simple: by administering a gentle laxative every two days, this condition can be easily alleviated and resolved. Thus, while the application of Kına Kına is generally effective, it is not without the possibility of complications, yet these can be addressed with relative ease, restoring the balance required for the patient's recover.

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