CHAPTER FIVE

NOSEBLEED

In this chapter, the example of nosebleed will be used to illustrate in detail the method that we will employ through the rest of the study.

Nosebleed, epistaxis, was chosen as the example case for the method because of its relative simplicity with regard to the amount of drugs used in the treatment and in respect to the description of the theoretical basis of the treatment. Nosebleed seems to be a good symptom to begin this kind of evaluative study of the efficacy of the drugs used and the rationality of the drug therapy in medieval Arabic and Latin medicine in general, because the effectiveness of the treatment can be assessed satisfactorily and, in most cases, instantaneously. In comparison to many feverish diseases, or, as an extreme case, to the bite of a rabid dog, the results of treating nosebleed both can and must be seen quite immediately. In addition, although most cases of nosebleed can be treated effectively by means other than drugs, such as physical intervention (in the form of pressure, etc.), the ailment does require some kind of intervention, that is, it does not usually heal spontaneously. Therefore, nosebleed provides an excellent tool for determining the rationality of medieval Arabic and Latin drug therapy, as any successful treatment of this ailment would manifest observable results.

We will here shortly describe nosebleed from the point of view of modern medicine. Its therapy will be discussed later in Chapter 5.4, Relationship between the Medical Efficacy of Drugs and their Popularity.

The upper part of the nose consists of bone and the lower part of cartilage. Inside is a hollow cavity (the nasal cavity) divided into two passages by the nasal septum, which extends from the nostrils to the

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1 Translations of the Arabic and Latin quotations in chapter 5 and the related tables are the author’s, if not otherwise indicated. Bracketed [ ] material in the translation indicates additions made to the English text for the purpose of intelligibility.

2 See pp. 106–126, above.

3 In rabies, the incubation period varies in humans from 10 days to more than a year, averaging 30 to 50 days. The Merck Manual of Diagnostics and Therapy, Sec. 13, Ch. 162, Viral Diseases. http://www.merck.com/pubs/mmanual/section13/chapter162/162d.htm.
back of the throat. Lining the nasal cavity is a mucous membrane with many blood vessels.\(^4\)

Nosebleeds (epistaxis) have a variety of causes. Most often, the blood comes from Kiesselbach’s area, which is located in the front part of the nasal septum and contains many blood vessels. The main cause of nosebleed is injury, incurred by anything from picking one’s nose to nose fracture. In the latter case, the exact location of the fracture and the bleeding can be hard to find, as the mucous membrane and other soft tissues swell quickly. An increased tendency for nosebleeds is caused by localized infections, mainly vestibulitis and sinusitis. Vestibulitis, infection of the nasal vestibule (the area just inside the opening of each nostril), produces crusts around the nostrils. Nosebleeds occur as the crusts detach. In sinusitis the bleeding can also occur deeper in the nostril. Dryness of the mucous membranes makes their capillaries more prone to breakage. This can be caused, for example, by dry weather or dryness of the mucosa, which is related to the aging process. Narrowing of the arteries (arteriosclerosis) and high blood pressure affect the blood vessels internally, making them too small to handle the amount of blood inside. In addition, arteriosclerosis makes the vessels non-elastic, and therefore more fragile. In these cases, the source of bleeding is likely to be further back in the nose, where bleeding is more difficult to stop. Lastly, the cause can be one of a number of disorders that cause a tendency to bleed. While these disorders do not trigger the bleeding (it is usually triggered by a rupture of the vessel), they greatly complicate the task of making it stop. Among these disorders are aplastic anemia, leukemia, low platelet count (thrombocytopenia), liver disease, hereditary blood disorders such as hemophilia, and hereditary hemorrhagic telangiectasia.\(^5\)

\[5\] Nosebleed in Kitāb al-Qānūn

5.1. Nosebleed in Kitāb al-Qānūn

5.1.1. General Presentation\(^6\)

Nosebleed, al-ru‘āf, is discussed in K. al-Qānūn, Book III, “Localised diseases from the head to the extremities of the body”, Fann 5, “About the


\(^5\) Ibid.

\(^6\) See Stage 1, pp. 106–108, above.