Features of pharmacognosy problems in world religions

Shaxzod Azamovich Mirzaev
Sherzod Farxodovich Majidov
ijtimoiy.km@umail.uz
Samarkand State Medical University

Abstract: The paper examines the interrelationships of pharmacology and world religions, as well as the peculiarities of attitudes towards natural medicines in Buddhism, Christianity and Islam, which have not lost their significance to the present day.

Keywords: pharmacognosy, religion, spiritual practice, meditation, medicines, plants, monasteries, Buddhism, Christianity, Islam

In world religions, health is primarily associated with spiritual practices, meditation and philosophical understanding of the world, and it also has a close connection with medicine and the use of natural remedies to maintain health.

This was especially evident in the Tibetan Buddhist tradition, where a unique healing system was formed, combining elements of philosophy, observations of nature and empirical knowledge about herbs and minerals. As for the pharmacological aspects, Buddhist monasteries often became centers of accumulation of knowledge about herbs, minerals and methods of their preparation. Infusions, powders and pastes from medicinal plants have been used to treat a wide range of diseases. Special attention was paid to the creation of complex formulations - sometimes dozens of components were included in one product, each of which was selected taking into account the individual characteristics of the patient.

In Islam, pharmacognosy developed in close connection with the teachings of the Quran and hadith. Islamic medicine is based on principles that emphasize harmony with nature, the use of natural remedies for the treatment of diseases and prevention. Muslim scholars such as Ibn Sina (Avicenna) were engaged in the systematization of knowledge about medicinal plants, which became the basis for the development of Islamic medicine in the Middle Ages.

Christianity also attached great importance to natural remedies, but unlike Islam, Christian approaches were often more dependent on monastic orders and medieval doctors who used plants for healing in the context of religious practices. Monasteries, as centers of knowledge, became the custodians of medical knowledge, and it was in monasteries that local plants were often used and systematized in the Middle Ages.

Islamic and Christian teachings consider plants as an important element of God’s creation, endowed with healing power. In all three world religions, knowledge about

plants was widely used, passed down through generations, as well as through the teachings of great scientists and saints. In Islamic and Christian medicine, it was important that medicinal plants were used not only for the treatment of bodily diseases, but also for the spiritual purification of a person.

In Islam, health is perceived as a gift from God, and taking care of it is obligatory for every believer. Muslim scholars such as Ibn Sina (Avicenna) were engaged in the systematization of knowledge about medicinal plants, which became the basis for the development of Islamic medicine in the Middle Ages. His works, such as the famous “Canon of Medical Science", describe in detail dozens of plants, their medicinal properties and methods of application. Ibn Sina emphasized the importance of harmony of body and spirit, arguing that treatment should not only relieve physical pain, but also maintain mental balance. His work has had a significant impact on the medical systems of Europe and Asia.

In Islamic culture, preparations made from natural substances were especially appreciated. One of the most famous examples is the use of black cumin (Nigella sativa), which is referred to in hadith as “a cure for everything except death.” This plant has been used to treat various diseases, including digestive and respiratory problems, as well as to strengthen the immune system.

Another important element of Islamic medicine is the use of honey, olives, figs and dates. These products are considered not only physically beneficial, but also spiritually cleansing, helping to maintain the purity of the body and soul. Doctors of the medieval Islamic world, such as Al-Razi, investigated the effects of various natural substances on human health and developed ways to use them for medicinal purposes.

Islamic medicine has gone through several important stages in its development. During the Golden Age of Islam, starting in the 8th century, when Arab scholars began translating the works of Greek and Indian doctors into Arabic, knowledge about herbs and medicines was greatly enriched. One of the most important figures of that time was Ibn al-Baytar, who wrote a huge treatise on medicinal plants, in which 1,400 plant species and their therapeutic properties were described in detail. Another famous author is the great scientist of the 11th century, Al Beruni, who wrote the work "Pharmacology".

In addition, Islamic pharmacognosy plays an important role in the conservation of natural resources, as Islam prescribes respect for nature and its gifts. In this context, the use of medicinal plants not only for healing, but also to preserve the natural balance is part of religious practice. For example, in Muslim countries, the tradition of "hijama" (bloodletting) is widespread, which is combined with the treatment of herbs and oils. This is a technique that uses plants with antiseptic and anti-inflammatory properties, such as turnip and sage.

The Christian tradition has also led to an important development of knowledge about medicinal plants, but there is a slightly different approach related to spiritual practice and monastic vows. In the Middle Ages, monasteries became centers not only of religious life, but also of medical education. The monks systematized the knowledge about herbs and medicines, passing them on from generation to generation.

One of the most famous works describing medicinal plants is the Monk's Medical Book. Monasteries actively used plants such as lavender, lemon balm, yarrow, chamomile and many others, which were considered not only effective remedies for various diseases, but also components of monastic practice. The preparation of decoctions, infusions and ointments from these plants has become part of daily spiritual practice, helping to maintain body health, purify the soul and strengthen faith.

In addition, many monasteries in Europe were engaged in gardening and grew medicinal plants directly on the territory of their monasteries. This made it possible not only to use them for medicinal purposes, but also to export them for sale, which helped spread knowledge about plants beyond monasteries and church circles.

Despite the fact that modern pharmaceutical technologies and synthetic drugs have significantly changed approaches to treatment, many religious practices based on the use of natural remedies remain relevant today. Buddhism continues to use herbs and minerals created in harmony with the principles of Tibetan medicine, while Islamic and Christian traditions remain committed to natural healing methods. Recently, there has been interest in returning to natural medicine, and many people, following religious teachings, seek to be treated with the same plants and substances that have been used for thousands of years.

It should be noted that modern research in the field of pharmacognosy confirms the effectiveness of many traditional medicines. For example, studies conducted within the framework of Islamic medicine have shown that black cumin and honey have antimicrobial and anti-inflammatory properties, and plants used in Tibetan medicine continue to find application in scientific research.

In Buddhism, health is seen as the result of harmony between body, mind and spirit. Herbal and mineral treatment plays an important role in the Tibetan medical tradition, where it is important to take into account not only the physical but also the energetic state of the patient. Tibetan healers, in an effort to maintain balance in the body, used complex recipes that include dozens of ingredients. The most important components of Tibetan medicine were not only plant substances, but also minerals such as gold and precious stones, as well as animal parts.

In Tibetan medicine, special attention was paid not only to the composition of drugs, but also to their dosage and time of administration. For example, herbal tinctures often required the right harvest time - plants have different energy strengths in different seasons, and this should have been taken into account when prescribing treatment. This

complex treatment system often included recommendations on the patient's diet and lifestyle changes, which also had deep philosophical roots.

It is important to note that in Buddhism, the concept of "health" is closely related to the concept of "dharma" - the path that leads to enlightenment. The treatment here was not limited only to the physical condition, but also included spiritual purification, help in overcoming suffering, which in turn allowed maintaining harmony of body and spirit.

The Christian tradition also has a significant influence on the development of pharmacognosy, especially in the Middle Ages, when monasteries became important centers of medical knowledge. The monks not only followed the rules of religious life, but also actively engaged in the collection and use of medicinal plants. Monastic gardens in Europe, such as the famous gardens at the monastery in Cluny, became the keepers of knowledge about plants that were used to treat various diseases.

One of the most striking examples is the use of yarrow, lavender, rosemary, lemon balm and chamomile, which have found their use as soothing, anti-inflammatory and painkillers. Monasteries also used these plants for the purpose of spiritual purification and increasing the physical endurance of monks conducting long fasts and prayer practices.

Unlike Islam, where plants were considered primarily as medicinal and prescribed as remedies for diseases, in the Christian tradition it was moral purification that was important, which took place through harmony with nature and the wise use of the gifts of the Earth. In this context, monasteries were not only spiritual, but also educational centers where knowledge about plants was passed down from generation to generation.

In each of the religious traditions, pharmacognosy faces a number of problems related to ethical and environmental aspects. For example, in Buddhism, it was important to maintain a balance in nature without disturbing the ecosystem or harming plants. Islam also has strict rules for collecting plants, which cannot be pulled out unless necessary, and must also be used with respect for nature.

In addition, many traditions have faced the problem of losing knowledge about medicinal plants due to colonization and modernization of medical systems. Natural medicines previously used in traditional medicine have been replaced by synthetic drugs, which, on the one hand, has made it possible to achieve significant success in treatment, and on the other, has led to the loss of many unique methods and recipes.

However, in recent decades, there has been a growing interest in traditional treatments based on natural remedies. There is a growing number of scientific studies devoted to testing the effectiveness of herbal preparations, as well as a return to more environmentally sustainable and ethical methods of using natural resources.

Today, many religious traditions are once again turning to the heritage of their ancestors, including the use of natural remedies to preserve health. In Buddhism, this

continues to develop through Tibetan medicine and practices aimed at maintaining harmony with nature. Islamic medicine maintains respect for natural methods of treatment, supporting the development of the science of medicinal plants. There is also a growing interest in traditional medicine and herbal medicine in Christian culture.

Thus, despite scientific progress and the development of pharmacy, pharmacognosy remains an important part of religious traditions. These practices help not only to treat physical illnesses, but also contribute to spiritual purification, inner harmony and strengthening faith.

In the Tibetan tradition, special attention is paid to diagnostic methods that include not only visual and physical signs of diseases, but also the spiritual state of the patient. Tibetan doctors, called lhami, often used an integrated approach that included astrology, palpatory diagnostics, tongue and pulse analysis. These methods were closely intertwined with the use of medicinal herbs and minerals, which made it possible to create individual treatment regimens.

In recent decades, there has been a resurgence of interest in Tibetan medicine in the West. More and more people are turning to herbal, mineral, and energy-based treatments because they see them as an alternative to synthetic drugs. There is also a growing interest in Tibetan diagnostic and treatment methods in scientific circles. Several major medical research centers in Europe and the United States have begun conducting clinical trials of Tibetan drugs. This has led to the fact that some medicinal plants, previously used exclusively in Tibetan medicine, have become available in the form of extracts and additives on the Western market.

An example is rue, a plant widely used in Tibetan medicine to treat kidney and liver diseases and to strengthen the immune system. In recent years, its extracts have been actively studied, and their effectiveness is confirmed by new research in the field of immunology and phytotherapy. A special place in Tibetan pharmacognosy is occupied by minerals and precious stones, which are used not only as additives to herbs, but also as independent medicinal products. Thus, gold and silver in Tibetan medicine are used to restore a person’s internal energy and improve blood circulation. Extracts and powders of these minerals are used in the treatment of diseases such as arthritis, depression and heart disease.

There is also an element of astrology in Tibetan pharmacognosy: the composition of drugs often depends on the time of year and the position of the planets. For example, during certain astrological phases, special infusions and ointments are made, which are considered particularly effective.

One of the urgent problems in pharmacognosy, especially in religious contexts, is the loss of traditional knowledge about herbs and their medicinal properties. In recent centuries, with the development of chemical medicine, many traditional treatments have been forgotten, leading to the loss of environmental knowledge. This makes it

especially difficult to preserve rare and endangered plants that were previously used for medical treatment, but are now under threat of extinction due to over-harvesting and environmental changes.

In recent decades, the phenomenon of "traditionalism and synthesis" has also emerged, with many traditional medicines being tested using modern scientific methods such as pharmacological testing, analysis of biologically active substances, and clinical trials. In Islamic countries, for example, much attention is paid to the synthesis of traditional and modern approaches in the field of medicine. Wellness systems based on traditional Islamic practices such as hijama and herbal medicine are being studied and applied within the framework of modern medicine.

Thus, pharmacognosy in the context of world religions not only reveals historical approaches to the use of medicinal plants, but also gives us lessons on environmental responsibility, spiritual health and harmony with nature. The combination of scientific and religious traditions in the field of treatment and the use of natural remedies opens up new horizons for medicine and human health, which makes this knowledge important in our time.

References

1. Sorokina T.S. Istoriya medisinы : uchebnik / 10-ye izd. – M. 2014.

2. Naimjanova, P.U., Sobirjonova, M.J., Majidov, S.F. (2021). On the history of the formation of the world and national school of pedagogical cardiology. Science and Education, 2(11), 970-976.

3. Djuraev, D.R., Majidov, Sh.F. (2021). Nekotorыe voprosы ucheniya Aristotelya ob ekonomike i xrematistike. Science and Education, 2(5), 1022-1026.

4. Majidov, Sh.F. (2014). Konfliktnost etnokulturnых protsessov epoxi globalizatsii v kontekste ucheniya P. Sorokina. Sorokina/Pitirim Sorokin i paradigmы globalnogo razvitiya XXI veka (k 125-letiyu so dnya rojdeniya). Sыktыvkar, 601-606.

5. Majidov Sh. (2015). Razvitie etnokulturnых protsessov v sentralnoy Azii i sentralnoy Yevrope: sravnitelnыy analiz //Obщestvo i etnopolitika. – 2015. – S. 352-356.

6. Majidov Sh.F. (2014). K voprosu ob etnokulturnых protsessax v sentralnoy Azii i Yevropeyskom Soyuze //Yevraziystvo: teoreticheskiy potensial i prakticheskie prilojeniya. – 2014. – №. 7. – S. 238-243.

7. Davranov, E.A., Majidov, Sh.F. (2021). Filosofiya meditsinы i meditsinskiy vzglyad na filosofiyu. Science and Education, 2(5), 826-832.

8. Majidov Sh.F. (2016). Razvitie grajdanskoy kulturы skvoz prizmu modernizatsii obrazovaniya (na primere Respubliki Uzbekistan) //Aktualnыe problemы sotsiologii kulturы, obrazovaniya, molodeji i upravleniya. – 2016. – S. 585-589.

9. Majidov Sh.F. (2020). On the issue of ethnopolitical aspects of national security //Mejdunarodnыy jurnal Konsensus. – 2020. – T. 1. – №. 2.

10. Majidov, Sh.F. (2020). Milliy havfsizlikni etnosiyosiy jihatlari: YeI tajribasi (2000-yillar boshi). Vzglyad v proshloe, (SI-1№ 2).

11. Majidov, Sh.F. (2017). K voprosu ob etnokulturnoy bezopasnosti (na primere sentralnoy Azii). In Vlast v logike i ritorike mejnatsionalnых i mejkonfessionalnых otnosheniy (pp. 78-81).

12. Majidov, Sh.F., Saidova, X. (2007). Reformы v sfere obrazovaniya i lichnost prepodavatelya. Obrazovanie cherez vsyu jizn: neprerыvnoe obrazovanie v interesax ustoychivogo razvitiya, 5, 225-225.

13. Xalimbetov, Yu. M., Ibragimova, E. F., Arslonova, R. R., Rustamova, X. X., & Naimova, Z. S. (2020). Formirovanie molodeji v Uzbekistane kak nauchno upravlyaemыy protsess. Nauka i obrazovanie segodnya, (2 (49)), 57-59.

14. Majidov S.F., Karimova R. (2022). The formation of dentistry as a science: international and national experience. Thematics Journal of History, 8(1).

15. Ibragimov, B.D., Majidov, Sh.F. (2022). Stanovlenie stomatologii kak professii i nauchnoy dissiplinы. Science and Education, 3(11), 237-247.

16. Xaydarova, D. S., Umarova, M. M., Oripova, D. A., Majidov, S. F. (2023). Euthanasia as a humanistic problem in modern medicine. Science and Education, 4(11), 57-64.

17. Mamatmurodova, D. A., O'tkir qizi O'ktamova, R., & Majidov, S. F. (2024). Foreign experience of financing the health care sector: budget model. Science and Education, 5(2), 701-707.

18. Daniyarov, S. O., qizi Toshtemirova, G. B., & Majidov, S. F. (2024). Some aspects of the insured medical system and lessons from foreign experience. Science and Education, 5(2), 694-700.

19. Rabbimov, S. P., Xabibullayev, S. S., Oripova, D. A., & Majidov, S. F. (2024). Formation of sanitary and hygienic knowledge as a separate science in the history of medicine. Science and Education, 5(2), 84-90.