

Sociocultural Aspects of Georgian Medicine in the Middle Ages (5th-17th Centuries)

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(Presented by Academy Member Lia Melikishvili)

Sociocultural aspects of medicine today are the object of interest in various fields of science, anthropology, ethnology, cultural studies, medicine and sociology. These aspects are directly included in the research field of medical anthropology. One of the main issues that medical anthropology investigates is the doctor-patient relationship in different times and different cultures. We have used comparative research method in the analysis. Conclusions are made based on reviewing the available literary and historical sources on medieval medical ethics and the doctor-patient relationship model presented by Szatz and Hollander. The research results showed that the best example of caring for the sick was given by the political and church leaders. We can conclude that doctors in medieval Georgia had a high level of responsibility. Their attitude towards the patient was gentle and completely consistent with the norms of medical ethics still in force today. Such an attitude instilled in the patient a sense of respect for the doctor and added credibility to the treatment provided by him, which undoubtedly had a positive effect on the patient's condition, contributing to his recovery. © 2023 Bull. Georg. Natl. Acad. Sci.

Medieval Georgian medicine, doctor-patient relationship

In every society and age, high demand for medical services determines the medical system's peculiarities and the doctor's importance and prestige. In this article, we aimed to show what the doctor-patient relationship was like in medieval Georgia. For this purpose, we did desk research and processed Georgian and foreign literary and historical sources.

Sociologist Talcott Parsons was one of the first scientists to discuss the above-mentioned problem. He created the image of a doctor-patient relationship, underlining that the patient is passive and the doctor is active. The role of the patient is to rely on

the doctor, and the doctor's role is to use his superior position for the benefit of the patient: to return the patient to society to restore his social position [1].

After Parsons, several models of doctor-patient relationships were developed. According to Szatz and Hollander, the doctor-patient relationship can be: 1. Activity-passivity (the doctor is a decision-maker, and the patient trusts the doctor); 2. Guidance-cooperation (the doctor gives the patient a prescription, and the patient obeys him); 3. Mutual participation (the doctor and the patient are

partners. The doctor advises the patient how to take care of himself) [2].

In the 1970s, Arthur Kleinman discussed the healthcare system in the context of the cultural system. He suggested that the doctor and the system of culture cure the sick person. Kleinman identified three interrelated sectors within health care systems: 1. Popular sector involves culturally based personal and familial beliefs and practices; 2. Folk or traditional sector – involving cultural ethnomedicinal traditions and specialists. In that sector secular and sacred aspects of treatment are often distinguished; 3. Professional sector involves legally sanctioned professionals. In some countries, they are represented by organized groups with local professional traditions [3].

Georgian scientists should have turned aside to discuss the social aspects of medicine. In the 1920s, Zakaria Chichinadze investigated the issue of replacing Georgian medical system with Russian-European medicine [4]. In the fifties of the last century, M. Saakashvili and A. Gelashvili emphasized the importance of social factors in the development and spreading of diseases in general.

The relationship between the patient and the doctor, the rights and duties of the doctor and the social aspects of medicine, in general, are studied today by the specialist of bioethics and medical sociology: Archimandrite Adam (Vakhtang Akhaladze), B. Mamulashvili, A. Verulava and others. The works of Mikheil Shengelia are worth noting. He has presented the health care system of the feudal era as follows: monastic-ecclesiastical, civil-professional and folk medicine [5-9].

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References regarding medical practitioners are preserved in the Georgian historical source of the 11th century - Leonti Mroveli's "The Life of St. Nino", where he describes the period of spreading

Christianity (4th century). Other sources include the writings of IV-V c.c. Byzantine authors.

Leonti Mroveli describes mother carrying her sick child from door to door so that she might find someone who knew the cure, someone who knew how to treat the malady and render assistance [10]. We assume that for someone knowing the cure, Leonti Mroveli meant folk healer. Gelasius of Caesarea writes about the same custom spread among the Iberians: if someone's child fell ill, everyone would go from door to door and ask for help [11].

According to Theodoritos of Kyros, healers are those who recovered, i.e., those who received healing knowledge based on their own experience [11]. Socrates Scholasticus names women as those who recovered from illness and have knowledge to heal others [11]. Herodotus reports on a similar rule in Babylon [12]. This tradition was believed to be spread mainly among the poor population of the ancient East [13]. It was the same in Iberia because, at that time, there were also skilled, experienced professional healers (*Khelovanni*), experienced doctors, who served the king's court. In "The Life of St. Nino" we read that Queen Nana fell into a significant and bitter sickness, which no one could cure. All the skilled healers (*xelovanTa mkurnalTa*) used their medicines and could not cure her [10].

The presence of a professional (*Khelovanni*) healer in this era is also indicated by a ring found in Mtskheta, on which a man with a snake-twisted rod is painted [14], i.e., in the 4th century, a specific medical system was already established in Iberia, which involved professional and folk healers.

According to the hagiographical novel *The Martyrdom of the Holy Queen Shushanik*, the spiritual fathers were also well-versed in healing. Her spiritual teacher treated Shushanik – Iakob Khutses with medicine and ointment. Ivane Javakhishvili also discussed church's medical service and mentioned that an exceptional and honorable place among the church servants

belonged to the priest who was experienced in healing and a helper of orphans and widows [15].

In early medieval Georgia, the doctor was often referred to by the name of a healer (*Mkurnali*). They distinguished between "healer of the flesh/body" and "healer of the soul." [16] As we mentioned, there were spiritual fathers who, along with the treatment of the "soul," also treated the "flesh" with medicines and ointments. Another medical practitioner in the medieval ages was "Mesneule," who took care of the sick: In larger and bigger monasteries there was the place to treat the ill monks called "Sasneulo". In such places, those ill and sick were staying. They had a special caretaker, a kind of brother of mercy, who managed this institution and cared for the sick. His official's name was "Mesneule" [17].

Ancestral medicine had an essential role in Georgia. Ivane Pantyukhov, a military doctor working in the 19th century, who was also engaged in ethnographic work and published several fascinating letters about Georgian medical traditions, wrote that in Georgia, since ancient times, there have been families that passed down the secret means and methods of treatment through the male line from generation to generation [18]. Ancestral medical practice is confirmed in all social classes in Georgia, e.g., Tsitsishvili were dukes (Tavadi), Turmanidze – nobles (Aznauri), Bajashvili – peasants, etc.

It is possible that the representatives of ancestral medicine, mainly from a high social class, were brought up in the so-called home schools. Such schools were opened by skilled doctors in the family or elsewhere, where they mainly trained their children and relatives. One of the schools, in the 16th century, during the time of Alexander II, was founded by the doctor Antoni, who lived at the king's court [5].

According to Lado Kotetishvili in Georgia, secular medicine should have emerged based on church medicine: "A nation in the continuous and endless battle had to develop the care and treatment

of wounded, emasculated and sick fighters" [19]. We think this excerpt indicates the existence of military medicine in Georgia, which was integrated into secular medicine. This is confirmed by Kaneli in "Ustoro Karabadi" (11th century), "when a man is wounded with a spear, arrow, sword or something else, try it, if the wound is one inch long...he should be stitched up with a steel needle" [20].

The following verse from "The Knight in the Panther's Skin" is noteworthy: "One of my slaves was a surgeon, he bound up the wounds, he drew out the arrowheads so that the wounds hurt not..." [21] Here, we are talking about the slave-surgeon (Dastakar) of Taniel. We should mean that he accompanied his master during the battles and served as a military doctor.

In the 17th century, the situation in Georgia changed due to well-known historical events (Invasions of Abbas I of Persia in eastern Georgia, influences of the Turkish Empire in the west.). At that time, European missionaries started an active medical practice in Georgia. According to Mikheil Tamarashvili, in the 17th century, there were no more doctors in Georgia because they were exiled to Persia. At the same time, as a result of Abbas I of Persia's invasions, various diseases often spread. The population turned to missionaries who had just arrived in Georgia for treatment and help, expecting help from them, so people considered them men sent from the God [22].

According to Lambert, the most significant demand for doctors was in Kolkheti [23]. In addition to the missionaries, Megrelians benefited from the practice of local healers. He mentions that in Samegrelo there were women who were happy to take care of the sick. As soon as someone fell ill, one of these women would immediately come and begin to take care of him, prescribe the diet, and make him some medicines to drink and put on the skin. Besides, they use herbs a lot [23]. So, women performed the function of mid-level medical staff and were treated with plants.

The characteristic of a good/bad doctor is also discussed in the manuscripts. The doctor should be well-versed in his work, experienced, and educated – "The doctor should know his work well and completely and read many books of scientist master doctors, and had the experience of treatment many times" [24]. He was not supposed to be only a doctor. His duty was to protect human health in general to prevent disease: "Being a doctor is a science to protect humans as a whole" [19].

Also, a doctor should find out in advance whether the sick person is destined for death, according to the source, if the disease is fatal, it is the doctor's responsibility to find out in advance the life and death of the sick person [20].

The qualities of the doctor mattered. Honest, trustworthy, and not greedy are the qualities of a good doctor, besides, he should not be idle and should love the poor. Furthermore, if he is without that, it is better not to bring any sick person to him and let no one trust him [19]. The doctor should love the patient and keep his secrets too.

At the same time, the nature and character of the doctor mattered – only the medicine given by a calm and knowledgeable, religious, light-handed, believer doctor would be suitable for the patient [19].

Historical and literary sources also tell us about doctor-patient relationship and ethics. Dr. MD Vakhtang Aladashvili expressed an opinion regarding the healer and the patient relationship according to the hagiographical novel *The Martyrdom of the Holy Queen Shushanik* and said that Iakob did not leave Shushanik, who was sick and abandoned by Pitiakhshi in difficult years. Despite the prohibition, he maintained his spiritual strength and cared for her physical health. Based on the abovementioned, V. Aladashvili concluded, that such high moral principles are possible only where medicine has a long development history, with strong medical educational traditions built on humanistic principles, where medical workers have an honorable place in society [15]. According to the

above-mentioned literary source, it is clear that the clergy in 5th-century Georgia practiced healing, and their attitude towards the sick fully corresponded to bioethics that is still in force today.

Georgian medical manuscripts provide us with certain information regarding the norms of medical ethics existing in medieval Georgia. A medical manuscript of the 11th century gives us information about the obligations of the patient and the doctor. According to the source, if the sick person does not believe Doctor, he will be a traitor to himself, and the doctor has no fault and if the doctor is weak and cannot give advice and medications, he will further develop the disease [20]. So, the doctor was obliged to be sure in his work and conduct the treatment correctly, and the patient was obliged to obey him.

The sources showing the relationship between the patient and his social environment is also essential, for example, source mentions that if the sick person is told such a thing to offend and upset or frighten him, or if a person enters the sick person's room, so that the sick person is offended and hates him the disease can be renewed and many people die from it [20]. Another source underlines that too noisy sounds should not be heard by the patient, no one has to talk too much with him, but whenever the patient wants. If he hears the sound of water running or wind blowing through the tree, it will help the patient recover. Most of all, in the cases of depression, the patient will feel better if he sees or hears the sound of the loved ones.

All of the above is a sign that the doctor and the society surrounding the sick person – a family or other close people – cared for the sick person and tried not to irritate him, to create a pleasant environment for him. This indicates that society respected him, considered his condition, and protected his dignity.

The medical activity of monasteries in Georgia is proof of taking care of the sick. A monastery in Georgia, as in medieval Europe, was a religious center and a center for the sick, and shelters for the elderly and disabled were built near the monaste-

ries. Many monasteries performed the medical function during the work of the Syrian Fathers in Georgia, in the 6th century and onwards. Medical-cultural centers and hospitals in Georgia and abroad were located in Athos Ivarta Monastery, Sabatsminda Georgian Lavra, Gelati Monastery, Tao-Klarjeti religious-cultural centers (Khandzta) [9].

King David Aghmashenebeli built the infirmary in a beautiful place, gathered the spiritual brothers and gave them all the assistance. He was taking care of them and greeted them [10: 331]. The charity activities and medical practices of Levan Dadiani, prince of Samegrelo, should be noted. Lambert mentions that Levan Dadiani was always so eager to help the poor that his work reminded him Isaiah's words about the prince who wants to remove the government.

In the medieval ages, the noble's duty was to care for his people and provide them with food, clothing, and medicine. This custom has been completely abolished in our country. However, Dadiani followed that tradition in his country. Indeed, to provide medical service to his people, he read various books translated from Latin into their language, studied many spices, medical herbs, and plant roots, and made many ointments and substances. He had his bag of such drugs, carried them with him, and delivered the patients according to their needs: "People are asking for that medication as it is provided by Gallen himself" [23].

The above-mentioned literary and historical sources show the versatility of the medical system of medieval Georgia and the importance and prestige of the social role of the doctor. The role of the doctor was determined primarily according to the population's need for medical services, which, depending on the peculiarities of the age, were changing. In the 17th century, when the vital social role of the doctor became even more critical and the prestige reached the highest level, doctors were considered men of God.

Considering all the above, the relationship between the doctor and the patient should be active-

passive. It should be noted here that the data we have in Georgia does not confirm such a form of active-passive relationship between the doctor and the patient, which existed during the spread of the Inquisition in Europe in the Middle Ages and which, according to Szatz and his co-authors, it corresponded to the relationship between lord and vassal [2].

Conclusion

In the Middle Ages, the medical system, which included monastic-ecclesiastical, profane-professional, and folk medicine, also involved family-ancestral and military medicine, accommodating and uniting practitioners of different levels. Masters (*Khelovanni*) – professional doctors, healers of the soul and flesh, mid-level health workers – Mesneule (Mesneule), folk healers, military doctors. Not rarely, the same person could be a healer of the soul and flesh, a military doctor or a representative of ancestral medicine. Women performed the function of mid-level medical staff and were treated mainly with plants.

The role of the doctor in the medieval centuries was essential, and the population respected them. The healer and society cared for the sick person: the doctor was trying to restore physical health and social role of patient. The society was trying to create a pleasant environment for the patient, which was believed would benefit his recovery. The best example of caring for the sick was given to the population by the Georgian aristocrats together with the church leaders.

Based on the review of the available literary and historical sources on medieval medical ethics and the doctor-patient relationship model presented by Szatz and Hollander, we can conclude that doctors in medieval Georgia had a high responsibility. His attitude towards the patient was gentle and completely consistent with the norms of medical ethics still in force today. Such an attitude instilled in the patient a sense of respect for the doctor, and added credibility to the treatment provided by him,

which undoubtedly had a positive effect on the patient's condition, contributing to his recovery. The recovery of the sick person was also facilitated by the ethical norms developed by society regarding the relationship with the sick person, which meant being kind to him and ensuring a pleasant environment for him. Considering all the above mentioned, the relationship between doctor and patient in medieval Georgia, it would be more

activity-passivity or mutual participation than guidance-cooperation, as suggested by Szatz and Hollander.

The work was supported by Shota Rustaveli National Science Foundation of Georgia (Grant #FR-19-8876 “Society, Doctor, Patient: Socio-cultural Aspects of Traditional Georgian Medical System and Modernity”).

ეთნოლოგია

შუა საუკუნეების ქართული მედიცინის სოციალურ-კულტურული ასპექტები (V-XVII სს)

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(წარმოდგენილია აკადემიის წევრის ლ. მელიქიშვილის მიერ)

მედიცინის სოციალურ-კულტურული ასპექტები დღეისათვის წარმოადგენს ინტერესის საგანს მეცნიერების სხვადასხვა დარგში: ანთროპოლოგია, ეთნოლოგია, კულტუროლოგია, მედიცინა და სოციოლოგია, რომლებიც პირდაპირ არის ჩართული სამედიცინო ანთროპოლოგიის კვლევის სფეროში. სამედიცინო ანთროპოლოგიის კვლევის ერთ-ერთი ძირითადი საკითხია ექიმისა და პაციენტის ურთიერთდამოკიდებულება სხვადასხვა დროს და სხვადასხვა კულტურებში. ჩვენ, კვლევაში გამოვიყენეთ შედარებითი მეთოდი. მიმოვიხილეთ სამედიცინო ეთიკის შესახებ არსებული ლიტერატურული და ისტორიული წყაროები, ასევე სხვადასხვა მეცნიერის თეორიული მიდგომები, მათ შორის, ზაცისა და ჰოლანდერის მიერ წარმოდგენილი ექიმისა და პაციენტის ურთიერთობის მოდელი. კვლევის შედეგებმა აჩვენა, რომ ავადმყოფზე ზრუნვის საუკეთესო მაგალითს იძლეოდნენ პოლიტიკური და სასულიერო პირები. შეგვიძლია დავასკვნათ, რომ შუა საუკუნეების საქართველოში ექიმებს მაღალი პასუხისმგებლობა ეკისრებოდათ. მათ პაციენტის მიმართ ჰქონდათ კეთილი დამოკიდებულება,

რაც სრულ შესაბამისობაშია დღეს მოქმედ სამედიცინო ეთიკის ნორმებთან. ასეთი დამოკიდებულება პაციენტს უნერგავდა ექიმისადმი პატივისცემის გრძნობას და მის მიერ გაწეულ მკურნალობას სანდოობას მატებდა, რაც უდაოდ დადებითად მოქმედებდა პაციენტის მდგომარეობაზე და ხელს უწყობდა მის გამოჯანმრთელებას.

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Received September, 2023