BIBLIOGRAPHY

Rethinking the Teaching of the History of Medicine in Iran: from the Centrality of Persian Medicine to the Historiography in Medicine

Dear Editor,

The history of medicine became an approved university major in Iran in 2013, when the Ministry of Health and Medical Education authorized its establishment at the master's (M.Sc.) level and later at the doctoral level (Zargaran, 2021, pp. 73-74). However, the field's development has been uneven. Although Mazandaran University of Medical Sciences admitted the first doctoral cohort, the program was unsuccessful; only one in three students admitted to the PhD program in the history of medicine completed their studies and graduated. The PhD program was suspended for 7 years. It resumed after Tehran University of Medical Sciences (TUMS) received authorization to enroll PhD candidates in 2021, and the first graduates completed their studies in the summer of 2026 (Zargaran, 2026b, pp. 185-186). This milestone warrants a candid assessment of the curriculum's

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actual content.

The World Health Organization has argued that some historical practice, although outside current biomedicine approaches, may still contribute to health when assessed through an evidence-informed framework (Wong et al., 2025, p. 715). Accordingly, traditional medical systems are central to the history of medicine. Meanwhile, Persian Medicine is among the oldest and most sophisticated of these systems. Organized in ancient Persia, it was subsequently shaped by Middle Eastern, Hellenic, and medicine in the Islamic civilization era (Zargaran and Naghizadeh, 2024). Persian physicians later introduced it into India (Haneda, 1997, pp. 129-143; Mousavi, Chelongar, and Abbasi, 2021, pp. 49-64), where it developed independently for approximately five centuries and came to be known as Unani medicine in the 20th century (Zargaran, 2026a, pp. 87-88).

It is based on these propositions and this point that every traditional medical system is inseparable from the intellectual and cultural context in which it emerged; pioneers of establishing this field in Iran have dedicated a significant portion of the theoretical and practical coursework at the master's and doctoral levels to topics related to Persian medicine, traditional pharmacy and pharmacology, and Islamic philosophy of medicine. In the master's curriculum, 21 of 42 units focus on these courses (Master's curriculum of the history of medicine, 2011), and in the first doctoral curriculum in this field, 36 of 60 units focus on these topics (Doctoral curriculum of the history of medicine, 2011). While it is important to acknowledge the role of traditional medical systems, it is equally crucial to understand that it is not the sole focus of historiography in medicine. The field encompasses a variety of approaches, reminding students of the need to be familiar with various methods of historiography in medical sciences. In 2020, a committee comprising experts in the history of medicine, professors from university departments of history of medicine, and selected master's-level graduate students developed the second edition of the doctoral curriculum. This effort was supervised by the Center of Persian and Complementary Medicine at the Ministry of Health and Medical Education. The updated curriculum was communicated to universities in 2024. In this program, many of the issues related to course titles and content were addressed and resolved (Doctoral curriculum of the history of medicine, 2024).

A preliminary examination of the published articles and dissertations during the first decade of the program's implementation revealed that both students and supervisors focused their research on Persian medicine or traditional pharmacy and pharmacology instead of exploring the history of medicine as a distinct discipline. Additionally, this review indicated that the articles extracted from most of the theses and articles were not published in journals dedicated to the history of medicine. This presents two significant issues: first, the discipline risks losing its relevance in academic circles, and second, the program strays from its original vision. Therefore, the essential question is not whether Persian medicine and traditional pharmacy should be included in the curriculum, but rather how much emphasis these topics should receive.

The history of medicine is rooted in the humanities and social sciences, requiring its graduates to critically analyze primary sources and employ methods from social and cultural history. Several challenges have hindered the development of the discipline: the dominance of biomedical assumptions, a shortage of faculty trained in historiography, and a reluctance to update existing curricula. Nor does the field stand apart from medi-

cine; rather,it crosses every specialty and adds to medicine's intellectual growth by showing how historical awareness shapes a scientific community (Zargaran, 2022, pp. 73-74). A society's medical heritage can provide clinicians and others within the health system with a shared sense of identity and purpose (Zargaran, 2022, pp. 73–74). However, this identity cannot be constructed solely from the language of Persian medicine; it must arise from analytical skills that can be developed only through comprehensive training in historical methods.

Other countries offer useful examples. In the United States, medical history is utilized to shed light on current health issues and medical ethics, and its integration into clinical education serves as a model for continuous teaching (Barr, Ingold, and Baker, 2023, pp. 62-70). South Korea, with its long institutional history in this subject, has successfully incorporated it into the training of physicians (Lee and Yeh, 2023, pp. 147-174). These approaches emphasize a commitment to active, problem-based instruction linked to students' clinical and real-life experiences.

Moreover, revising curriculum content without changing the topics will yield little progress. The gap between the discipline's objectives and current classroom practices is particularly pronounced here. The digitization of historical resources has transformed research conditions: manuscripts, archival collections, and specialized databases are now accessible online, allowing students to engage with primary sources early in their training. Techniques such as gamification and virtual reality can recreate historical clinical settings, encouraging students to interpret primary texts actively, rather than passively receiving information only. Oral history expands the evidence by capturing the experiences of physicians, patients, and health institutions, connecting historical inquiry to ongoing practice-related questions. Problem-based and project-based course formats can center on genuine historical inquiries rather than mere chronological surveys, while the American approach of integrating history into clinical education illustrates how reflection on the past can complement medical training. (Barr, Ingold, and Baker, 2023, pp. 62-70).

Currently, the curriculum leaves little room for these innovations. This curriculum in the history of medicine, especially at the master's level, faces a critical decision: to remain confined to the margins of Persian medicine or to reclaim its identity as an interdisciplinary field that offers unique contributions to the medical field. Revisions must occur simultaneously on three fronts: the aims should shift from simply training advocates of Persian medicine to producing historians of medicine; the content must incorporate methods, social history, and critical inquiry; and teaching tools should expand to include digital resources, oral histories, and active learning techniques. If these changes do not take place, a discipline that could provide the health system with a deeper understanding of its own history may settle for reiterating familiar ideas and producing superficial knowledge. Investing in the history of medicine is ultimately an investment in the future of medicine.

Authors' Contribution

Snor Bayazidi conceptualized, wrote the original draft, reviewed and edited the article. Hamed Ahansazan also conceptualized, wrote, reviewed and edited the article. All authors read and approved the final version of the work.

Conflict of Interest

None.

References

Barr, J., Ingold, R., and Baker, J.P., 2023. History of Medicine in the Clerkships: A Novel Model for Integrating Medicine and History. *J History of Medicine and Allied Sciences*, 78(1), pp. 62-70. doi: 10.1093/jhmas/jrac042.

Doctoral curriculum of the history of medicine, 2011, available at: https://hcmep.behdasht.gov.ir/uploads/369/doc/PhD_TarikhOloomPez91.pdf [Accessed 24 October 2026].

Doctoral curriculum of the history of medicine, 2024, available at: https://hcmep.behdasht.gov.ir/uploads/369/doc/PhD_TarikhOloomPez1403.pdf [Accessed 24 October 2026].

Haneda, M., 1997. Emigration of Iranian Elites to India during the 16–18th centuries. Cahiers d'Asie centrale, 3(4), pp. 129-143.

Lee, S., and Yeh, B.I., 2023. Education of History of Medicine for 80 Years: History and Current Status in Republic of Korea. *Uisahak*, 32(1), pp. 147-174. doi: 10.13081/kjmh.2023.32.147.

Master's curriculum of the history of medicine, 2011, available at: https://hcmep.behdasht.gov.ir/uploads/369/doc/KAN_TarikhOloomPez91.pdf [Accessed 24 October 2026].

Mousavi, S.H., Chelongar, M.A., and Abbasi, A.A., 2021. Investigating the Role of Immigrant Shiite Physicians in the Development of Persian Medicine in Deccan (10th–11th Century AH/16th–17th Century AD). *J Res Hist Med*, 10(1), pp. 49–64.

Wong, Y.M.A., et al., 2025. Policy implications of WHO's global traditional medicine strategy 2025–2034. *Bulletin of the World Health Organization*, 103(11), p. 715.

Zargaran, A., 2021. Admission to the Ph.D. Candidates in Medical History in Iran. *J Res Hist Med*, 10(2), pp. 73-74.

Zargaran, A., 2022. The Impact of History of Medicine on Scientific Society. *J Res Hist Med*, 11(2), pp. 73-74.

Zargaran, A., 2026a. Persian Medicine and Unani: Historical Roots and the Way Forward for Collaborations. *J Res Hist Med*, 15(2), pp. 87-88. doi: 10.30476/rhm.2026.51920.

Zargaran, A., 2026b. The First TUMS's Ph.D. of History of Medicine Graduates in Iran. *J Res Hist Med*, 15(3), pp. 185-186. doi: 10.30476/rhm.2026.52043.

Zargaran, A., and Naghizadeh, A., eds., 2024. *A Short Introduction to Persian Medicine*. English Edition. Tehran: Chogan Publication. ISBN: 978-622-7686-97-5.