

*Dr. Frank Kressing*

Contested Medical Identities, Migration of Health Care Providers and Middle  
Eastern Students at Western Universities

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**Introduction**

Questions of worldwide migration and its consequences for health care institutions have been firmly established topics in the medical humanities and in medical anthropology. Until now, however, migration-related challenges to modern health care systems have been examined primarily from the patients' perspective (e.g. Bookmann 2007, Woodmann 2007), largely neglecting health care providers' views and experiences. Even less attention has been paid to migrating medical students' perception of teaching and living in a Western setting (BMBF 2005; Clark 1983; Eggins 2004; EUA 2003; Heublein et al. 2004; King 2004; Leidel 2004; Schulz-Tieglaff 1997, Ulm University et al. 2011).

My starting point is that teaching experience in the medical faculty of Ulm University, Germany, has shown that medical students of Middle Eastern heritage (mainly from Palestine and Egypt, formerly also from Syria) including students of Iranian and Turkish background show significantly more problems to cope with teaching and learning conditions in Western medical schools than their fellow students of 'European' background. Assuming that these students' problems in coping with teaching conditions cannot be solely reduced to language barriers, I would like to ask the question to which extent culture-bound conceptions of medical care and medical commemoration can be held responsible for shaping these students' perception of medical teaching and university life in a 'Western' setting. With this question, the hypothesis shall be put forward that culture-bound medical identities might have a decisive impact on coping strategies of these students at medical schools in Europe and the U.S. (cf. Elzubeir and Magzoub 2010).

A look on culturally diverse systems of medicine shows that specific cultural factors do not only influence the perception of illness, disease, diagnostics, and therapy. Instead, the way in which a specific medical tradition is commemorated is always bound to culture as well. To support this assumption, I will choose two important healer personalities in the history of the European West and the Islamic East. One is Theophrastes Bombastus (1493 – 1541 A.D.), better known as Paracelsus, the other Ibn Sīnā (980 – 1037 A.D.), better known under the Latinized name Avicenna in Western sources. In a paradigmatic way, both may serve as examples for a Western (Paracelsus) and an Eastern (Ibn Sīnā) focus of medical commemoration. Furthermore, by choosing different, historically developed Western ('Christian') and Eastern ('Muslim') images of Ibn Sīnā/Avicenna who is highly venerated as an outstanding physician in both the oriental and the occidental traditions, I would like to stress the importance of contested, culture-bound medical identities for doctors' and students' perception of their (future) profession.

Thus, my talk will consist of two parts: After having treated Paracelsus and Ibn Sīnā in a historical view, I will turn to a global perspective, attempting to show that commemoration in the medical field is culturally determined. Extending this assumption, I will ask the question to which extent this determination has been shaping – and still is shaping - the professional images of a doctor, or *hekim*, in the Western and Middle Eastern traditions. I will further talk about an empirical study to be implemented at Ulm University with the aim of researching culture-bound medical identities in students from western Asian and northern African heritage countries. Finally, the role of intercultural exchange in shaping medical identities shall be outlined.

### **A Historical Perspective**

Looking at Theophrastes Bombastus Paracelsus (1493 – 1541 A.D.) and Ibn Sīnā (980 – 1037 A.D.), we will soon become aware of the fact that both men were remarkable personalities and have attracted the interest of generations of scholars and lay people. Even though Paracelsus and Avicenna lived during different time spans four centuries apart (mainly in the 11<sup>th</sup> and 16<sup>th</sup> centuries), there are surprising parallels in both their lives

- Both were heterodox teachers and advocated heterodox beliefs
- In their scholarly work, both combined medicine with the study of law, astrology, alchemy, physics and mathematics
- Both were constantly on the move, due to the fact that they had attracted the dislike of local or regional rulers.

### **The Life and Legacy of Paracelsus**

In an admittedly Eurocentric view, I will first treat Paracelsus, having been venerated as physician, physicist, mystic, alchemist, and astrologer. In his youth, Theophrastes went to Ferrara in Italy – or Vienna - to study medicine and to receive an academic degree as a medical doctor. He established close intellectual relations with members of the Humanists' movement<sup>1</sup> and lived in a number of different places in the southern German-speaking area, e.g. in Vienna, Bavaria, and Alsace. His academic teaching was heterodox in the sense that he

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<sup>1</sup> E.g. Erasmus of Rotterdam (1465-1536), Johannes Oekolampad (1482-1531).

insisted on teaching in German instead of Latin, and he supported the rural insurgency of the German Peasants' War (1524-1525).

Due to his unorthodox teachings and perceptions of what medicine was supposed to be, Paracelsus had to face serious threats to his life by established doctors, physicians and chemists alike. Interestingly enough, Paracelsus' most important work, *The Philosophy of the Wise of the Great and the Little World* (Paracelsus 1571),<sup>2</sup> deals with astronomy and philosophy instead of medicine.<sup>3</sup>

Paracelsus central statement was that medicine has to integrate philosophy, astrology, alchemy and righteousness) to practise successful healing and benefit the patients. From an holistic viewpoint, Paracelsus perceived 'the human body just [as] a part of the eternal body of nature'. According to him, 'only those who can – due to divine inspiration - see the world in the light of nature are able to be good healers.' Interestingly enough, these ideas resemble to a certain degree elements of Middle Eastern sufism, although assuming a direct or indirect influence of Sufism on Paracelsus in the 16<sup>th</sup> century is highly speculative (Pagel 1982; The Zurich Paracelsus Project 2012; Waite 1894).

### **The Life and Legacy of *Ibn Sīnā* /Avicenna**

Like Paracelsus, Avicenna is first of all venerated as an outstanding physician, but he has also been a famous physicist, jurist, alchemist, philosopher, mathematician, and astronomer. Abū Alī al-Husayn ibn Abdullāh ibn Sīnā,<sup>4</sup> so his full name, was born in 980 A.D. in the town of Afshana close to Bukhara in present-day Uzbekistan. At the time of Ibn Sīnā's birth, this region was part of the Samanid Empire (819-999), ruled by an Iranian dynasty. Ibn Sīnā died in June 1037 A.D. in Hamadan, present-day Iran.

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<sup>2</sup> Written already in 1536/1537.

<sup>3</sup> In this work, the natural magic of the Renaissance, which tries to describe the invisible aspects of nature, is combined with theological considerations considering the inspiration by the Sacred Spirit.

<sup>4</sup> Farsi: Abu Ali Sīna ابن علی سینا , Arabic: Ibn Sīnā ابن سینا.

Ibn Sīnā spoke Farsi as his mother tongue. In his era, however, Arabic was the language of the sciences which he acquired in his early youth. He also studied the Greek philosopher Aristotle at a very early age. Due to an unstable political and military situation prevailing during his lifetime, and due to his heterodox beliefs often conflicting with established Islamic lore, Ibn Sīnā was exiled a number of times and had to travel widely throughout the Sassanid Empire and successive reigns in present-day Iran and Turkmenistan. It can be shown that in the course of time, the Western, Christian and the Eastern, Muslim tradition both created their own image of this famous medieval healer (D'Alverny and Jacquart 1993; Janssens 1991-1999; Gutas 1988; Goodman 1992; Shah 1966; Wisnovsky 2003).

### **Avicenna's Commemoration in the West**

In Europe Avicenna is known foremost due to the 12th century Latin translation of his *Qanun al-ṭibb* by the Italian-Spanish scholar Gherardo da Cremona (1114-1187) who was a famous translator of Arab literature. In 1493, a Hebrew translation of the *Qanun* was published in Naples, Italy. The *Qanun* was used as a standard compendium for medical teaching in Europe until the 17th century, e.g. in Leuven, Belgium, or in Montpellier, southern France. According to European legends that evolved in Italy during the 14th century, Avicenna was held to be prince of Seville or Cordoba which led to his popular depiction as *Avicenna Princeps*. The constant and ongoing popularity of Avicenna can be demonstrated by a Polish stamp issued in his honour.

### **Avicenna's Commemoration in the East**

In the Eastern, Muslim tradition, Ibn Sīnā is known for his heterodox ideas – for example did he deny the immortality of the human soul – and for his influences on Sufism, especially on the famous Sufi mystic Al-Ġazali (1058-1111 A.D.). Ibn Sīnā provenience and ethnic affiliation have been a constant matter of debate until the present day. According to my personal experience in teaching medical terminology at Ulm University, students of Arabic background often claim that Ibn Sīnā had been an Arab, taking for granted that every major scholar of the Islamic World who had been writing in Arabic also was a native speaker of that language. In Uzbekistan, where Ibn Sīnā's birthplace is located, it is claimed that he lived and

worked in the vicinity of Bukhara during his entire lifetime.<sup>5</sup> Organized by the Uzbek government, a number of international conferences venerating the work and life of Ibn Sīnā took place for example in Paris, France, and Islamabad, Pakistan.<sup>6</sup> Interestingly enough, in a Soviet movie of 1956 (Авиценна/Avicenna, Uzbek Film Studios, USSR), Ibn Sīnā is portrayed as an early hero of the Soviet Union and thus part of the historical legacy of the Uzbek Soviet Republic of that time.<sup>7</sup>

### **Contested Medical Identities**

The multifaceted image of Ibn Sīnā in the East and the West and conflicting claims concerning his ethnic identity indicate that the commemoration of medical heritage might be contested within and between different cultures - reason for us to design an empirical study asking Middle Eastern students about their perception of a professional identity as a doctor.<sup>8</sup>

### **Middle Eastern Students in Western Universities**

Previous experiences from teaching medical terminology at Ulm University show that students from Middle Eastern countries form a very heterogeneous group, with three major cultural-linguistic communities (Arab – Iranian – Turkish) to be distinguished:

- (1) Arab-speaking students, mainly from Palestine – some with Israeli citizenship – but also from Egypt and Syria
- (2) students of Iranian descent – often with a family's history of migration and chain-migration dating back three or four generations, including the U.S. and other countries

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<sup>5</sup> E-mail from Nuriddin Mamajonov, member of the Uzbek Embassy in Berlin, dated March 23, 2011.

<sup>6</sup> Contrary to ill-founded assumptions that Ibn Sina was either Arab or Usbek we know of course that Ibn Sina was born in Afshana, present-day Uzbekistan, and that his mother tongue was most likely Persian (*Farsi*). Interestingly enough, even the birth place of the ancient Iranian prophet Zarathustra or Zaroshd (appr. 630 – 553 B.C., but possibly already living in the second millennium B.C.) is sometimes located in Uzbekistan. One version concerning Zarathustra's place of origin attributes his birthplace to the so-called *Bactriana Margiana Archaeological Complex* of the Oxus Civilization which is centred on the upper Amu Darya (Oxus in classical antique times) and encompasses parts of Turkmenistan, northern Afghanistan and Iran, southern Uzbekistan and western Tajikistan.

<sup>7</sup> Director: Kamil Yundrov, impersonator of Ibn Sīnā: Marat Aripov.

<sup>8</sup> We abstained from labeling this group of students as 'Islamic' because among Middle Eastern students in general, a considerable number of students of Jewish (in the case of Israelis) or Christian background (e.g. Egyptian Copts, Lebanese Maronites, and other Christians among Syrians, Palestinians and Iraqis) can be found). In an extended geographical definition, 'Middle East' might also refer to trans-Caucasian countries like Georgia - medical students from there are also represented at Ulm University.

as places of contemporary residence before the family or the student alone moved to Germany

- (3) students of Turkish descent who – in their majority – have been born and raised in Germany.

Besides these three major groups, there are also student with partly Middle-Eastern background, e.g. of Jordanian-Bosnian mixed marriages. In my following remarks, I will resort to students from Arabic countries.<sup>9</sup>

### **Empirical study on Middle Eastern medical students identity envisaged**

Previous experience has shown that students from Middle Eastern countries show significant problems to cope with conditions in Western medical schools, and that they fail a lot more often in exams than students of German or comparable 'Western' background. Reacting to difficulties of Arab students in coping with Western medical teaching, Arab-German exchange forums have been established in a number of German universities, e.g. the *ArabMed Working Group* at Berlin's *Charité*,<sup>10</sup> or the Arabian-German Medical Alumni Network (AGMAN) at the University of Erlangen-Nuremberg.<sup>11</sup> Until now, however, studies concerning Middle Eastern students' personal attitudes towards teaching and training remain rare – in the Middle East as well as in the West. In a recent literature review by Elzubeir et al. (2010),<sup>12</sup> the authors indicate that the introduction of innovative medical curricula in a number of Arab countries, such as small group, case-based or problem-based learning and

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<sup>9</sup> Furthermore, it has to be highlighted that characterizing Middle Eastern medical students by their specific country of heritage and citizenship does not allow to ascribe a certain national or ethnic status to them: Kurdish students can be found among Turkish, Syrian, and Iraqi students, among Iranians, we might meet Farsi Native speakers, Kurds, Arabs, Azeri, Balochi students. Although a characterisation of these students as 'being Muslim' appears to be very tempting, the label 'Muslim' shall be avoided since we assume that the identification with specific Islamic belief and value systems in the students will be very diverse, ranging from fundamentalist to atheist attitudes, and because traditionally Christian groups of Middle Eastern provenience (e.g. Coptic Egyptians, Georgians) will be included in the study. Until now, we are not sure whether to include Jewish Israeli students as well.

<sup>10</sup> Cf. mamon.dweek@charite.de, <http://www.fsi-charite.de/wb/pages/ags/arabmed-ag.php>.

<sup>11</sup> Furthermore, the Arabian-German Medical Alumni Network is involved in projects of international cooperation such as seminaries, congresses and summer schools in Germany, Egypt, and Syria. German and Arabian medical students, together with graduates from the German School in Cairo, founded an *AGMAN Youth Club* in the Egyptian capital. Before recent unrest in Syria, the Alumni Network organized the *First Joint International Medical Conference* at Syria's Al Andalus University in Qadmus and Latakia in July 2009 with German and Syrian physicians participating.

<sup>12</sup> Elzubeir, Elzubeir and Magzoub 2010, 10. This review article is based on studies ranging from 1998 to 2009 (11 years) and is largely restricted to Egypt, Saudi Arabia, and the United Arab Emirates.

teaching, seems to contribute significantly to increased stress.<sup>13</sup> Elaborating on such studies, we think that Middle Eastern students problems in coping with teaching conditions cannot be exclusively reduced to the language barrier, but assume that culture-bound factors are also involved. Therefore, it appears to be worthwhile to ask students for their individual, personal attitudes and experiences concerning their studies in Germany. The aim of the envisaged study is to identify perceptions and ideas of an anticipated identity as medical doctor (or *hekim*) in the initial, middle, and final phases of medical teaching and training. Using a qualitative approach by conducting narrative interviews based on a loosely structured questionnaire, processes of intercultural transfer and intercultural barriers shall be highlighted. Questions will be for example: Have there been any medical doctors in your family? Could you recall some childhood experiences related to medical practice? How was your decision to study medicine shaped? What are the main values guiding a doctor's medical practice? Is medicine a bread-winning job for you, or it is a kind of compassion?

Concerning the specific identity of Middle Eastern students, we assume that the high veneration of medicine and healing abilities (*tib*) that evolved in the course of Hellenistic and subsequent Islamic traditions in the Middle East will certainly generate a specific, culturally bound image concerning the role and identity of a medical doctor. The study is therefore based on the assumption that a Middle Eastern based 'medical identity' might generate conflicts in regard of the dominating value systems in the 'Western' medical system, and that medical identities might be contested. In conducting this study, we intend to refer to an Action anthropology/advocacy approach fostering systematic studying up by foreign and domestic students in order to gain a mutual understanding of the foreign and the own society (cf. Tax 1957; Schlesier 1980; Seithel 1986, 2000; Antweiler 1986; Amborn 1993, Washburn 2009).

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<sup>13</sup> Besides congested classrooms, insensitive instructors, general fear of future prospects, limited leisure time and troubles with classmates (cf. Elzubeir and Magoub 2010, 8) – conditions that apply to 'Western students' as well.

## **Historical background: What might be the sources of a Middle Eastern Medical Identity?**

Of course the question has to be asked: What are the possible sources of such a Middle Eastern ‘medical identity’?<sup>14</sup> One base-line of our study is the assumption that the Western and the Middle Eastern version of scientifically based medicine is a product of repeated cultural transfer. The roots of the Middle Eastern medical traditions can be traced back to the Greek and Hellenistic heritage of the eastern Mediterranean – the area which constituted the classical antique ‘epicentre of empirical medicine’ as is indicated by the works of Hippocrates from Kos (5<sup>th</sup>/4<sup>th</sup> c. B.C), the Medical School of Alexandria in Egypt (4<sup>th</sup>/3<sup>rd</sup> c. B.C.), and Galenos of Bergama in present-day Turkey (Pergamon 2<sup>nd</sup> c. A.D.). Following the Islamic conquest of Egypt, Syria, and Mesopotamia (Iraq), the antique medical knowledge was deliberately incorporated into the Arabic-Islamic tradition of the early caliphates of the Umayyads and Abbasids. The strong influence of classical Greek medicine on the Islamic World is, for example, evident in the name of the Indo-Pakistani *Unani* medicine - *unani* refers to the Greek *Ionians*, as does the Turkish designation *Yunan* for Greek (Ahmad and Qadeer 1988; Gutas 1988).<sup>15</sup>

Only in Renaissance times, in the 16<sup>th</sup> century, the classical medical heritage was rediscovered, translated from Arabic at the margins of the Islamic world, in places like Toledo in Spain and Salerno in southern Italy, and retransferred to ‘the West’.

Following the colonial endeavours of the European powers in the 18th and 19th centuries, medical knowledge and skills were re-introduced from Europe to the Middle East. Early examples are Napoleon’s military campaign in Egypt (1798-1801) and the French advisors of Egypt’s *hdiv* (viceroy) Mehmet Ali Paşa (1769-1849) in his rapid efforts to modernise the country. Later 19<sup>th</sup> and 20<sup>th</sup> centuries colonial efforts by Britain and France in the Arab World as well as French and German influence in the late Ottoman Empire lead to a partial adoption

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<sup>14</sup> The intellectual starting point of the project is the frequent transfer of medical traditions that happened in the Middle East, especially in the Eastern Mediterranean, and the encounter of – presumably divergent – medical systems in a Middle Eastern as well as in a ‘Western’ setting.

<sup>15</sup> I am very much indebted to Amina Ather, National Institute of Unani Medicine at Bengaluru University, Karnataka, India, and Dr. Claudia Preckel, from the Oriental Seminary of Ruhr University, Bochum, Germany, for valuable insights into the history and practice of Unani medicine.

of the European medical system, but also to co-existing medical cultures (including folk traditions) in Middle Eastern countries as a kind of medical pluralism. Acknowledging this historical heritage, we may conclude that the specific Middle Eastern medical culture has its roots in ancient Hellenistic, medieval Islamic and modern Western medicine having been blended to a specific concept which medical students in these countries are brought up with.

### **Medical students of Turkish background**

Concerning students of Turkish background at German universities, it has of cause to be pointed out that they cannot be simply labelled 'Middle Eastern' students. Many of them are born and raised in Germany, their families might have lived in this country for two or three generations, and some of them may even be embarrassed to be labelled 'Turkish' – or even more so, being labelled 'Middle Eastern', 'Oriental', or 'Western Asian' which also implies a close connection to Arab or Iranians – an identification many Turks are eager to avoid. So, students of Turkish origin can be perceived as forming a group just 'in between' – in a transitional status that is typical for the country of Turkey as a whole, taking into account the historical role of the Anatolian peninsula as a bridge between Europe and Asia, West and East, representing both Oriental and Occidental features.

### **Conclusion**

In my concluding remarks I would like to stress that culture-bound modes of commemoration which, for example, create controversial images of important personalities in medicine, play an important role that might even influence the contemporary perception of illness, disease and healing. Having compared Western and Eastern images of two highly venerated personalities in the history of medicine, it could be shown that the way medical legacy is presented depends to a high degree on a specific cultural background – and it can be assumed that this culture-bound medical legacy also influences professional identities and the attitude of medical doctors and students from different cultural backgrounds. Thus, the 'culture' of medical commemoration is as multifaceted as the variety of human cultures and has also been largely shaped by an intercultural transfer of traditions, ideas and concepts.

Thank you very much for your attention!

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